

# MEMBERSHIP FORM



## PERSONAL INFORMATION

FIRST NAME	LAST NAME	ADMINISTRATIVE REGION
HOME ADDRESS	CITY	POSTAL CODE
TEL (HOME)	CELL	E-MAIL (PERSONAL)

## WORK INFORMATION

NAME OF EMPLOYER	TITLE	SALARY CLASSIFICATION #
EMPLOYER'S ADDRESS	CITY	POSTAL CODE
TEL (WORK)	EXTENSION	E-MAIL (WORK)

ASSOCIATIONS AND/OR PROFESSIONAL ORDER OF WHICH YOU ARE A MEMBER

HOW DID YOU LEARN ABOUT APER?

- WEBSITE       INFO-CADRE       MEMBER       COLLEAGUE       OTHER (SPECIFY):

By signing below, I am officially asking to join APER Health and Social Services.\*

\*You must not be in a dispute with your employer at the time of your membership

DATE

NOTE: You must also fill out the form authorizing your employer to automatically deduct APER's membership fee from your salary. Once duly completed please return the Membership Form and the Authorization for Deduction at Source directly to APER or give it to Human Resources who will forward it to us.