



**CANADIAN UNION OF PUBLIC EMPLOYEES, Local 30**  
**City of Edmonton Outside Workers, EPCOR, Explore Edmonton, Town of Thorsby, City of Fort Saskatchewan**

**INITIATION PROCEDURE**

**Shop Steward:** Fellow workers, before being initiated as members of this union, it is necessary that you answer the following questions:

“Are you a member of, or do you hold allegiance to, any other body/Local, National, or International – hostile to the Canadian Union of Public Employees or its affiliated organizations?”

**Candidate:** **Reply**

**Shop Steward:** “Are you willing to take an obligation that will bind you to the Canadian Union of Public Employees, but will in no way conflict with your religious belief or your duties as a citizen?”

**Candidate:** **Reply**

**Shop Steward:** “Raise your right hand and repeat after me the following obligations that we all have taken”:

“I solemnly promise and declare that I will support and obey the Constitution of this Union; that I will strive to improve economic and social conditions for my fellow members and for working people generally; that I will defend and strive to extend the democratic rights and liberties of all working people; that I will not purposely or knowingly wrong, or assist others in wronging, a member of the Union.”

**Witness:** “I bear witness.”

**PLEASE PRINT clearly and COMPLETE in full**

**Name:** \_\_\_\_\_ **Payroll #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Dept. Name & #:** \_\_\_\_\_ **Work Site:** \_\_\_\_\_

**Classification:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By Signing above, I am acknowledging that I have applied for membership with CUPE Local 30 and have tendered the \$1.00 initiation fee.**

*The above information is being collected by or on the behalf of CUPE Local 30 in accordance with PIPA (Personal Information and Protection Act).  
 The information is being collected for the purpose(s) of union business administration.*

**FOR SHOP STEWARD ONLY:**

**Shop Steward:** \_\_\_\_\_ **Shop Steward PR#:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Kit:** \_\_\_\_\_ **Card:** \_\_\_\_\_ **L/W:** \_\_\_\_\_ **Initiation List:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

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**Member Receipt (To be detached and given to member)**

Received from \_\_\_\_\_ \$1.00 Initiation fee for membership with CUPE Local 30 on \_\_\_\_\_ (date).

Received by (Shop Steward or Office Name) \_\_\_\_\_ Signature: \_\_\_\_\_

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