CANADIAN UNION OF PUBLIC EMPLOYEES
Local 30

APPLICATION for SHOP STEWARD

We, the undersigned, members of CUPE Local 30, employed by _____ in Department_____at_____ (work site or location) hereby elect _____, Payroll # _____, as our Shop Steward.

Job Site Location: _____

Shop Stewards Supervisor name: _____

Home Address of Applicant: _____

City/Province: _____ Postal Code: _____

Personal e-mail: _____ Work Phone #: _____

Home Phone #: _____ Cell Phone #: _____

Name	Signature	Payroll Number