



*Alliance du personnel  
professionnel et technique  
de la santé et des services sociaux*

## MEMBERSHIP FORM

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Street # \_\_\_\_\_ Street name \_\_\_\_\_ Apt. # \_\_\_\_\_

Municipality \_\_\_\_\_ Postal code \_\_\_\_\_

Home phone #: (      ) \_\_\_\_\_

Personal cell phone #: (      ) \_\_\_\_\_

Personal e-mail: \_\_\_\_\_

Preferred language of correspondence: F  E

Gender: F  M  Date of birth 

year	month	day

Employee number: \_\_\_\_\_

Name of work institution: \_\_\_\_\_

Place(s) of work (pavilion, site, etc.): \_\_\_\_\_

Work phone #: (      ) \_\_\_\_\_ Extension: \_\_\_\_\_

Work cell phone #: (      ) \_\_\_\_\_

Work e-mail: \_\_\_\_\_

Job title: \_\_\_\_\_

I am hereby joining the *Alliance du personnel professionnel et technique de la santé et des services sociaux* of my own free will. I have personally paid union dues of at least \$2.00.

Member's signature \_\_\_\_\_ Year/month/day \_\_\_\_\_