



Association des professionnels et des superviseurs (APS)
Association of Professionals and Supervisors

MEMBERSHIP APPLICATION

Date: _____

Surname: _____ Name: _____

Address: _____ Apt.: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Home):(____)_____ (Work): (____)_____

I wish to become a member of the ASSOCIATION OF PROFESSIONALS AND SUPERVISORS OF THE CANADIAN BROADCASTING CORPORATION and hereby request to become a member of the said association and I authorize the Association to be my sole representative regarding collective negotiations. I shall abide by the Rules and Regulations of the aforementioned union.

Employed by: Canadian Broadcasting Corporation

Department: _____

Employee number: _____

Title: _____

E-mail address _____

Employee signature _____

RECEIPT

(please do not tear off)

I acknowledge receipt of the sum of five dollars (\$5.00) from:

Employee name: _____

Paid to: ASSOCIATION OF PROFESSIONALS AND SUPERVISORS OF THE CBC

Received by: _____ Date: _____

RETURN TO:

APS, 1212 Panet, Montreal, QC, H2L 2Y7,
(Tel) 514-845-0411, (Fax) 450-575-0572, E-mail: <mailto:aps@apscbcsrc.org>