



If you want to join our union, print, sign and fill out this form and mail it to our organizing department at:

**Attention: Organizing Department
Cope Ontario
555 Richmond St. W., Suite 701, PO Box 1202
Toronto, Ontario M5V 3B1**

Application for Membership

I hereby make application for admission to membership of
Local _____ of The Canadian Office and Professional Employees Union and authorize such
organization to be my exclusive bargaining representative.

Date: _____

Signature of Applicant

Date: _____

Signature of Witness

Personal Information (Required)

Last Name: _____

First Name: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Employed By: _____

Department/Location: _____

Classification: _____