



Canadian Union of Public Employees  
**CUPE ALBERTA - AFFILIATION FORM**  
 Alberta Health Care Committee - albertahealthcarecommittee@gmail.com

Date of application: \_\_\_\_\_ Local # \_\_\_\_\_ Number of Members: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Local President: \_\_\_\_\_ Signature \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secretary-Treasurer: \_\_\_\_\_ Signature \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Representative(s) that should receive AHEC correspondence and meeting notices:  
 (check all that apply)

President                                      Secretary-Treasurer                                      Other

If Other, please include name and contact for all representatives:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Start Date of Affiliation to AHEC: \_\_\_\_\_

Per Capita Rate is: \$0.10 per Bargaining Unit member, per month, paid in each quarter of the calendar year: March 31, June 30, September 30, and December 31.