



# Application Form

## Union Activism 2010

YOUR NAME: \_\_\_\_\_

**APPLICATION DEADLINE DATE**  
**NOVEMBER 2<sup>ND</sup>, 2010**

**PLEASE CHECK OFF LOCATION BELOW**

LOCATION	DATE	check✓
FRASER VALLEY	NOV 29	
KELOWNA	NOV 29	
VICTORIA	NOV 29	
PARKSVILLE	NOV 30	
PORT HARDY	NOV 30	
CRANBROOK	NOV 30	
NANAIMO	DEC 1	
KAMLOOPS	DEC 1	
COURTENAY	DEC 1	
PRINCE GEORGE	DEC 2	
DAWSON CREEK	DEC 2	
LOWER MAINLAND	DEC 2	
MERRITT	DEC 3	
KITIMAT	DEC 3	
NELSON	DEC 3	

*Send application (complete **ALL** pages) by fax or mail to:*

**FAX: 604-739-1510**

**MAIL:** HEU Provincial Office  
**EDUCATION DEPARTMENT**      Attention: **Roshni Chand**  
5000 North Fraser Way  
Burnaby, B.C. V5J 5M3

**DATE SENT:** \_\_\_\_\_ **# OF PAGES:** \_\_\_\_\_

# UNION ACTIVISM 2010

*PLEASE PRINT IN DARK INK*

## SECTION A – PERSONAL INFORMATION

- Sister  
 Brother

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Have you recently moved?  Yes  No If yes, when? \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Work Phone (include ext#): \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Facility/Work Site: \_\_\_\_\_ Local: \_\_\_\_\_

What position (if any) do you hold at your local? \_\_\_\_\_

Employment Status:  Full-time  Part-time  Casual

Are you a member of an equity group?

- Pink Triangle  First Nations  
 People with disAbilities  Ethnic Diversity  
 Women's Committee

Emergency contact (Name & Phone): \_\_\_\_\_

**SECTION B – APPLICANT’S COMMENTS**

Why do you want to attend this educational opportunity? What will you do with the information? How do you feel your experience can/will add to this workshop?

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\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

You will be notified in due course of the acceptance / denial of your application for this educational opportunity.

**IMPORTANT – Secretary-Treasurer/Chairperson please indicate below:**

This member is our:       1<sup>st</sup> choice       2<sup>nd</sup> choice       3<sup>rd</sup> choice

\_\_\_\_\_  
**Signature of Chairperson/Secretary-Treasurer**

\_\_\_\_\_  
**Please PRINT Name**

\_\_\_\_\_  
**Date**

**Att: Roshni Chand, HEU Education Department**