

# Local supplies and materials order form



## How to order for your local

Supplies and materials listed in this form are supplied to locals at no cost.

Forms must be signed by your local Chair, Secretary-Treasurer or Site Rep.

Items will be sent to the shipping address on your order form.

You can send this form one of two ways:

- Fill out this PDF, save, and email it
- Print the PDF, fill out by hand and fax

Email: [mailroom@heu.org](mailto:mailroom@heu.org)

Fax to 604-739-1519

If you have any questions, please contact the Production Centre at the Provincial Office at [mailroom@heu.org](mailto:mailroom@heu.org) or call 1-800-663-5813 (toll-free).

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QTY	ITEM
	Accounting ledger ( <b>Maximum of 1 ledger</b> )
	Application for membership card
	Ballots – blank (100/bundle)
	Change of membership data form
	Classification job review request pad (9 forms/pad)
	Constitution & Bylaws (2022)
	Collective agreement: Facilities Subsector - FBA (2022-2025)
	Collective agreement: Community Social Services - Community Living - CSSBA (2022 – 2025)
	Collective agreement: Community Social Services - General Services - CSSBA (2022 – 2025)
	Collective agreement: Community Health - CBA (2022 – 2025) <b>Printed</b>
<b>Contact Rep</b>	Collective agreement: Independent and Other
	Death benefit fund card
	Grievance pad with log (9 forms/pad)
	Independent professional responsibility form
<b>Out of Stock</b>	Lanyard – HEU
	Local activities report form
	Local attendance record form
	Local minutes form
	Local officer form
	Look who's dropping in form
	LPN professional responsibility form
	Membership meeting notice – Local Meeting
	Membership meeting notice – Special Meeting
	New member kit
	Officers guide to resolving conflict
<b>Out of Stock</b>	Pen – HEU
	Quarterly report pad (13 forms/pad) <b>Maximum of 3 pads</b>
	Retirement report form – Name of member(s):
	Supervisor's handbook
	Union fact sheet
	Union meeting stickers (24 stickers/sheet) <b>Maximum of 3 sheets</b>
	Union pin – initiation of member
	Workload journal
	Workload incident report form

NAME OF LOCAL CHAIR, S-T or SITE REP \_\_\_\_\_

FACILITY NAME \_\_\_\_\_ LOCAL \_\_\_\_\_ DATE \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

SIGNATURE OF LOCAL CHAIR, S-T or SITE REP \_\_\_\_\_