

SGEU MEMBERSHIP REGISTRATION

Please forward 1 copy via email to: MIS@sgeu.org or

Fax to: (306) 789-2534 or

Send to: 1011 Devonshire Drive N, Regina SK S4X 2X4

1. PERSONAL INFORMATION

First Name	Middle Name		Last Name
Mailing Address	City, 1	own/Province	Postal Code
S.I.N.	Birthdate (D/M/Y)		Gender: ☐ Female ☐ Male
	,		
Home Phone No.	Cell Phone No.		Home E-Mail Address
2. EMPLOYMENT A	ND WORKPLACE INFO	RMATION	
Employer		Ministry/Depa	rtment
Workplace Address		City, Town/Pro	ovince Postal Code
Position Title		Job Start Date	Job End Date (D/M/Y)
Job Type (Check Appropria	te Box(es)):	☐ Part Tim	
0 AUTUODIZATION	☐ Permaner	nt 🗌 Non Per	m. Seasonal Labour Service
agencies or representatives to hours of work or other condition. I also authorize my employer to Union in accordance with its co	in the Saskatchewan Government a represent me, as my exclusive barg ons of employment, with my employ o deduct, from my salary, dues, initionstitution. I further authorize my e	gaining agent, in a er. ation fees and as mployer to remit	loyees' Union and authorize said Union, its any negotiations, concerning rates of pay, sessments as may be directed by the the amount so deducted to the n to be used by SGEU in accordance with
appropriate privacy laws and a	nti-spam legislation.	•	•
	address on this form, you are grant e your permission at any time by em		sion to send union communications to you .org.
Member's Signature	☐ Check Box D	_ enotes Signat	ure Date
	ir residence or Local of your workp		ferent Local than your place of employment, e Local. For example, if you reside in
Previous Member			

Local of Choice