

**AMALGAMATED UNION OF PUBLIC CORPORATIONS,
CIVIL SERVICE TECHNICAL AND RECREATIONAL
SERVICES EMPLOYEES (AUPCTRE)**



MEMBERSHIP FORM

**DECLARATION OF UNION MEMBERSHIP / AUTHORIZATION
OF UNIONS DUES (CHECK-OFF) DEDUCTIONS**

I _____
On salary grade level _____ IPPIS NO _____

Voluntarily Declare That I Am A Member Of
**AMALGAMATED UNION OF PUBLIC CORPORATIONS, CIVIL SERVICE
TECHNICAL AND RECREATIONAL SERVICES EMPLOYEES (AUPCTRE)**

This authorization remains valid unless I voluntarily withdraw my membership from the union in writing.

Ministry / Agency _____
Dept / Division _____
Section _____ Station: _____
Signature _____ Date: _____

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