



**Edmonton Office**  
10212 112 Street  
Edmonton, AB T5K 1M4  
Phone: 780-488-0168  
Fax: 780-488-0534  
1-800-252-7904

**Calgary Office**  
#204 - 200 Country  
Hills Landing NW  
Calgary, AB T3K 5P3  
Phone: 403-250-8999  
Fax: 403-250-8576  
1-800-252-7904

**Lethbridge Office**  
#404 - 515 7 Street South  
Lethbridge, AB T1J 2G8  
Phone: 403-328-8005  
Fax: 403-328-8025  
1-866-328-8005

## Application for membership with the Health Sciences Association of Alberta

Date of application: \_\_\_\_\_ (day/month/year)

Marital status:      Single       Married       Other       Male       Female

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_, AB      Postal code: \_\_\_\_\_

Maiden name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(name before marriage)      day      month      year

Name of employer (eg. AHS, CLS, Covenant..): \_\_\_\_\_

Work site (hospital/clinic/station): \_\_\_\_\_  
if designated - basesite

Work site address: \_\_\_\_\_

Full time       Part time       Casual      FTE \_\_\_\_\_

Job title/discipline: \_\_\_\_\_ Level: \_\_\_\_\_

Degree/diploma: \_\_\_\_\_ Date of employment: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell number: \_\_\_\_\_ Home email: \_\_\_\_\_

I hereby make application for membership in the Health Sciences Association of Alberta, and I further agree to be governed by the Constitution and By-Laws of the Association and to accept this Association as the exclusive bargaining agent (including an Application for Certification) and to represent me in my dealings with my Employer.

I hereby authorize and instruct my Employer to deduct from my earnings such sums as may be set by the said Association as dues or special assessments. Notice of any change to be given to my Employer in writing by the VP of Finance of the Association. Such sums to be deducted from my pay and paid to the Association.

I agree that Health Sciences Association of Alberta (HSAA) may collect, use and disclose personal information only insofar as it relates to the obtaining, managing and maintaining of my employment within the bargaining unit(s) represented by HSAA, and insofar as it relates to the administration of the collective agreement(s) to collective bargaining by HSAA, and in compliance with the objects and bylaws and the mission statement of HSAA.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_