

## Application for Membership with Health Sciences Association of Alberta

Date of Application: \_\_\_\_\_ (Day/Month/Year)

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

Maiden Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*(name before marriage)* **Day Month Year**

Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Employer (**for example**, AHS, CLS, Covenant): \_\_\_\_\_

Name of Work Site (hospital/clinic/station): \_\_\_\_\_  
if designated – base site

Work Site Address: \_\_\_\_\_

Employee No.: \_\_\_\_\_

Employment Type:  Temporary  Full time  Part time  Casual FTE \_\_\_\_\_

Job Title/Discipline: \_\_\_\_\_ Level: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
**Day Month Year**

I hereby make application for membership in the Health Sciences Association of Alberta (HSAA), and I further agree to be governed by the Constitution and Bylaws of the Union and to accept this Union 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 and such sums to be deducted from my pay and paid to the Union. Notice of any change is to be given to my Employer in writing by the Vice-President of the Union.

I agree that Health Sciences Association of Alberta 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: \_\_\_\_\_