

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, APL, 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: _____