

CANADIAN UNION OF POSTAL WORKERS
Local Education

**** Application for Educational ****

Course: _____

Date: _____

Application Deadline: Please see Course Info Bulletin for course deadlines

Please return FULLY completed Applications to your local Union office:

Mail or in Person: 18121 – 107 Ave Edmonton AB, T5S 1K4

Fax: 1-780-423-2883

Email: Union@cupwedm.net

Classification:	Section/Depot:	Shift/Wave:
Sister <input type="checkbox"/>	Brother <input type="checkbox"/>	Equity Seeking Group <input type="checkbox"/>
Name:		
Address:		
City:	Prov.:	PC:
Home Phone:		Cell Phone:
Email Address:		
Emergency Contact:		Phone:
Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that we should be aware of.		

By signing below I indicate I understand that if my application is accepted to attend this Educational Seminar and I am unable to attend I will be held responsible for any nonrefundable costs incurred and any "no-show" costs associated with non-attendance

Signature of Applicant
(MUST BE SIGNED OR WILL NOT BE ACCEPTED)

kh.cope225