

# Standing Committee Application Form

Name:	Member Number:
-------	----------------

Local:	Chapter:
--------	----------

Home Address:	City:	Postal Code:
---------------	-------	--------------

Home Phone:	Work Phone:
-------------	-------------

Personal Email:
-----------------

Union activity and Standing Committee experience:	What courses have you taken?
---	------------------------------

What Committee(s) are you interested sit on? (Please list in order of preference)	1) _____
<i>Please note: Applicants to the Young Activists Committee must be 30 years of age or younger to be considered.</i>	2) _____

Why do you want to serve on your selected committee?
--

**Forms will be accepted by the President's Office  
from September 1st to 7 days after Convention.**

AUPE Headquarters, Executive Office  
10451 - 170 St. NW, Edmonton, AB T5P 4S7

Fax: 780-930-3312  
Toll free fax: 1-888-388-2873

SCF\_StandingCommitteeForm\_2019  
AULReP

