

APPLICATION FOR AUPE AFFILIATE MEMBERSHIP

Affiliate members consist of those persons who were formerly AUPE members and pay a one-time fee of \$25.00 CAD.

NAME OF APPLICANT: _____

AUPE MEMBERSHIP NUMBER: _____

FORMER LOCAL/CHAPTER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

- I agree to pay and have enclosed the one-time fee of \$25.00 CAD.
- I understand the only benefit to an Affiliate Membership is to be able to access the benefits of the AUPE Discount Program.
- I understand that if approved, I will be sent an acceptance letter and an AUPE Affiliate Membership Card.

Applicant Signature

Date

FOR OFFICE USE ONLY

Date received in AUPE Executive Office: _____

Approved: Yes

No

Please allow 6-8 weeks to process your application.

Submit the complete application form along with the one-time fee to:
AUPE Executive Office
10451-170 Street
Edmonton AB T5P 4S7
Phone: 1-800-232-7284
Fax: 1-780-930-3312
Email: info@aupe.org