

JOINT WORK SITE OH&S REPRESENTATIVE LOCAL WITHOUT CHAPTERS ELECTION FORM

Local:	Worksite Name:
Worksite Address:	
Employer:	Date of Meeting:

Please print clearly and fill out all applicable fields:

First Name:	Last Name:
Home Address:	
City/Town:	Postal Code:
Home Phone:	Cell Phone:
Home Email:	
Work Phone:	Work Email:

RANKED:

*** Elect and rank at least four members however there is no guarantee those elected will hold a position on the JWOHS committee**

AUPE collects, uses, and maintains control of members' personal information in accordance with Alberta's Personal Information Protection Act (PIPA). By filling out this form, you are consenting to AUPE using the above contact information for Union business only. 11/08/18