



Bermuda Public Services Union

Application for Membership

Name: _____
Surname Maiden Name Forename

Home Address: _____
House Name Street Parish Zip Code

Mailing Address (if different): _____

Date of Birth: _____ / _____ / _____ Sex: M [] F []
D M Y

Social Insurance # _____

Employer: _____

Department: _____

Job Title: _____ Paid: Monthly [] Bi-weekly [] Weekly []

Employment Address: _____

Telephone Number: Home _____ Work: _____

E-mail: _____ Fax: _____

Signature: _____ Date: _____

Headquarters Only:

Membership # _____ Dept.# _____ Bargaining Unit: _____

Division # _____ Type of Membership: _____

Notes: _____ Shop Steward: _____