

**ASSOCIATION OF POSTAL OFFICIALS OF CANADA
MEMBERSHIP APPLICATION**

Member No. _____

Name of Branch		Employee ID	
Applicant's name		SIN	
Family Name		Given Names	
Address		Date of Birth	
No		Street	
City		Postal Code	
Province		Division	
Place of Employment		Appointment Date	
		YY	
		MM	
		DD	
		Male <input type="checkbox"/>	
		Female <input type="checkbox"/>	

I wish to become a member of the Association of the Postal Officials of Canada and I authorize the Association to represent me as my official bargaining agent under the Canada Labour Code in all matters pertaining to my relationship with my Employer. I hereby agree to abide and to be bound by the provisions of the Constitution of the Association of Postal Officials of Canada.
I hereby certify that I have paid this day my entrance fee for membership in the Association of Postal Officials of Canada the sum of \$.....dollars.

Applicant Signature _____ Date _____ Witness Signature _____ Date _____

**ASSOCIATION OF POSTAL OFFICIALS OF CANADA
GROUP LIFE INSURANCE - Policy #**

Member No. _____

Member's name		SIN	
Family Name		Given Names	
Address		Date of Birth	
No		Street	
City		Postal Code	
Province		Division	
Name of Beneficiary		Marital Status	
Family Name		Given Names	
Relationship of Beneficiary		OR	
		MY ESTATE <input type="checkbox"/>	

I hereby certify that the above information is correct and I reserve the right to change the beneficiary subject to any legal requirement.

IRREVOCABLE
 REVOCABLE _____ Member's Signature _____ Date _____

Members can apply for additional insurance coverage which is subject to medical evidence of health, and payment of premiums by deductions or otherwise through APOC.

I wish to apply for optional insurance: No Yes Amount \$..... (unit of \$10,000 max \$90,000)