cupw•sttp

Pacific

Please complete the following and send to your Local.
Applications will be short-listed based on retirement dates.
Applications must be received by **October 20, 2022 5pm**

Please **PRINT CLEARLY** and complete the following: (one form per participant)

Name of Local:	Anticipated Retirement date:		
Name:	☐Brother	☐Sister	☐They
	☐Indigenous	☐Worker of Colour	
	☐LGBTQ	☐Differently Abled	

Address:	Postal Code:

Phone #:	Email:

*** An Email address is mandatory for participation.*
Conference will be held via virtual platform and a link will be sent to each participant for access to the event.

Work Schedule: (i.e. start and finish time and days off) ☐Full-time ☐Part-time ☐Temp	☐Urban ☐RSMC ☐PSBU

***Bookoff for this event is at the discretion of the Local.*

All applications must be approved by your Local Executive
and the registration form must be signed by the Local President or designate.

_____   _____
Signature of Local President   **Signature of Applicant**

cope 225