



## Unifor: Unifaith Community Chapter: Membership Application

I hereby apply for and accept membership in Unifor as part of the **Unifor: Unifaith Community Chapter**. I support and will adhere to the Constitution of Unifor. I commit to membership for at least one year. I recognize that this is not an application for formal union certification.

Name  
Address  
Workplace  
Telephone  
Email

**Membership** is open to all workers in The United Church of Canada. I am eligible as: *[check one]*

- a) I am in paid employment within The United Church of Canada
- b) I was once qualified as stated in part a)
- c) I am a candidate in the process of becoming Ministry Personnel
- d) I am an immediate family member of those in a), b), or c) above

**Membership Dues:** I agree to pay **dues** as either: *[Please check one of the following]*

- Waged Worker [\$120 per year]
- Non-waged worker [\$60 per year]

*Unifaith understands that some Faith Workers and Families are experiencing financial hardship. Application may be made to the Treasurer for temporary dues assistance.*

**I authorize Unifor to collect my dues by one of the following methods:**

- Pre-Authorized Debit - processed quarterly *[Please attach a copy of your void cheque]*
- Credit Card *[MasterCard / Visa via PayPal request]* - processed annually in January
- Cheque - due in January each year

**Privacy and Release of Information:** *[Please check one of the following]*

- Please only share my contact information with the Unifaith Chapter Executive.
- Please share with all Unifaith members so I can be in touch with them, and they with me.
- Please keep all of my contact information confidential.

**Signature**

**Date**

I may revoke or change my authorization at any time by contacting Unifor: Unifaith Community Chapter, subject to providing notice of 30 days. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the pre-authorized debit agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

[PRINT DOCUMENT - CLICK HERE](#)

Mail this completed form to: **Unifor: Unifaith Community Chapter**, 354476 Mill Line Ingersoll, ON N5C 3J5 OR Email  
Saved and Completed Form to: [Secretary@Unifaith.ca](mailto:Secretary@Unifaith.ca)