



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 _____ Telephone _____ Email _____

Address/P.O. Box _____ City/Town _____

Province _____ Postal Code _____ Workplace _____

Membership is open to all workers in The United Church of Canada.

I am eligible as one of the following: [Please **check** one of the following]

- 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 [\$10.00 per month]
- Non-waged worker [\$5.00 per month]

Dues are collected on a quarterly basis beginning with the first quarter following acceptance by the community chapter.

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

- Pre-Authorized Debit [Please attach a copy of your void cheque]
- Credit Card [Via PayPal] - Unifor will email you with payment details

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

Mail this completed form to:

Unifor: Unifaith Community Chapter,
354476 Mill Line Ingersoll, ON N5C 3J5
Or scan / image and email to secretary@unifaith.ca
Privacy policy can be found at: www.unifor.org/privacy-policy