



Representing our members from coast to coast in solidarity.

One Voice. One Canada. One ATU!

APPLICATION FORM

STUDENT INFORMATION (APPLICANT):

TITLE MS. MR.

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____

HOME PHONE NUMBER _____ MOBILE NUMBER _____

E-MAIL ADDRESS:

HIGH SCHOOL ATTENDING OR ATTENDED

YEAR GRADUATING OR GRADUATED FROM HIGH SCHOOL

NAME OF POST SECONDARY SCHOOL ATTENDING

PARENT/GUARDIAN INFORMATION (ATU CANADA MEMBER):

FIRST NAME _____ LAST NAME _____

(STUDENT'S PARENT/GUARDIAN) BADGE # _____

MEMBER'S LOCAL # _____

MOBILE NUMBER _____

IF YOUR LAST NAME IS DIFFERENT FROM THE LAST NAME OF THE ATU CANADA MEMBER, PLEASE EXPLAIN YOUR RELATIONSHIP TO THE MEMBER:

SIGNATURE OF STUDENT

DATE _____