REGISTRATION FORM

BASIC TRAINING OR ADVANCED

Please send your form by email or fax to :

BureauRegionalMontreal@psac-afpc.com **Fax: 514 875-8399**

PSAC - Montreal Regional Office, 5800 Saint-Denis St, suite 1104, Montreal (Quebec) H2S 3L5 Telephone : 514 875-7100 Toll-free : 1 800 642-8020

Course Title : Virtual workshop on grievances under provincial jurisdiction

Dates : May 26, 2021 - 9 am to 12 pm (noon)

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Your membership number is on your PSAC membership card. It is also on the membership list kept by your Local officer.

REQUIRED

Membership number | Component/DCL | Local

Union position | Classification or job title | Employer

LAST NAME

FIRST NAME

HOME ADDRESS

Street number | Street | Apartment

Street number | Province | Postal code

Telephone number (Home) - - | Telephone number (office) - -

Fax number (Office/Home/Local) - - | Cell number (if available) - -

IMPORTANT - Participant's email address

REQUIRED - (TO BE COMPLETED BY LOCAL PRESIDENT) If more than one member of your Local is registering for the course, CHECK OFF a number below to indicate the candidate's order of priority :

1 **2** **3** **4** **5** **6**

Do you have any special needs (e.g. sign language interpretation)? Please specify :

Signature of candidate

Recommanded by : Local President (if loss of pay) - Regional Council President - Women's Regional Committee Director - Equity Group Committee Director - Youth Committee Representative - University Sector Quebec Council Committee President - DCL Committee Director

REQUIRED – EMAIL ADDRESS OF THE PERSON RECOMMENDING THE TRAINING

OPTIONAL - Please indicate if you belong to a equity group.

Member with Disability | **Indigenous Members** | **Racialized Members** | **Women** | **LGBTQ2+** | **Young Workers** | **Other (specify)**