



# 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 :

Dates :

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)

Participant's email address

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

Recommended 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

Email address field

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

Other (specify) field

Member with Disability    Indigenous Members    Racialized Members    Women    LGBTQ2+    Young Workers

Other (specify)