Manitoba Nurses Union (MNU) Membership Application (PLEASE PRINT)

Name:

Address:

City: Province:

Postal Code:

Home Phone Number:

Personal Email:

Employee I.D.:

Facility:

FT PT Casual

ORT  LPN  RPN  RN  NP Registration/license No. :

Social Insurance Number:

MNU Membership ID Number:

I hereby apply to be a member of the Manitoba Nurses Union (MNU), the provincial/governing body, and of Local/Worksite # 10 . I authorize, of my own free will, the Union and its agents or representatives, to bargain collectively on my behalf with my employer and where deemed advisable to apply fix certification. I understand that this commitment will continue in full force and effect until revoked by me in writing to the union. I acknowledge that I have been made aware of the MNU’s dues structures, including how dues are assessed, changed, when they start, double dues, and I understand the process.

Applicant Signature

DATED THE OF ,

(day) (month) (year)

MNU Signature

DATED THE OF , (day) (month) (year)

The Manitoba Nurses Union abides by the rules and regulations of the Personal Information Protection and Electronic Documents Act (PIPEDA) with regard to capturing, retention and destruction of personal information. This personal information will be used to maintain a record of members at each local/worksite, process dues and send union related material to the members. Questions about the collection can be addressed to the Privacy Office of the MNU (204-942-1320 or 1800-665-0043).