



Chateauguay Valley Teachers' Association

Association des Enseignants de Chateauguay Valley

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APPENDIX E

(3-4.03)

APPLICATION FORM FOR MEMBERSHIP IN A UNION

I hereby apply for membership in the union known under the name of the Chateauguay Valley Teachers' Association, the whole in accordance with the provisions of the agreement.

PLEASE PRINT CLEARLY

Family Name: _____

Given Name(s): _____

Home Address: _____

Telephone Numbers: Home: _____
Mobile: _____
Other: _____

Personal Email: _____

School/Centre: _____

Employment Status: _____ Full-time Teacher (E1)
_____ Part-time Teacher (E3)
_____ Replacement Teacher (E8)
_____ Teacher-by-the-lesson
_____ Hourly-paid Teacher
_____ Casual Supply Teacher

IN WITNESS WHEREOF, I have signed at _____, this
_____ day of the month of _____, 20__.

Teacher Signature: _____

Witness Signature: _____

PLEASE FORWARD THIS DOCUMENT TO THE CVTA OFFICE AS SOON AS POSSIBLE