



Bermuda Public Services Union
 P.O. Box HM 763 Hamilton, Bermuda HM CX
 Tel: (441) 292-6985 or 292-6484 Fax: (441) 292-1149



Application for Membership

Name: _____
Surname Maiden Name Forename

Address: _____
House Name Street Parish Zip Code

Mailing Address (if different): _____

Date of Birth _____ / _____ / _____ Sex: Male Female
Day Month Year Check appropriate box

Social Insurance # _____

Employer _____

Department _____

Job Title _____ Paid (circle one): monthly bi-weekly weekly

Employment Address _____

Telephone Number: Home _____ Work _____

E-mail _____ Fax _____

Signature _____ Date _____

Headquarters Only:

Membership # _____ Dept. # _____ Bargaining Unit _____

Division # _____ Type of Membership _____

Notes _____ Shop Steward _____