

With each Membership, we grow louder and louder.



COTAPSA
ADVISE
ADVOCATE
ACT

*The City of Toronto
Administrative, Professional,
Supervisory Association*

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MEMBERSHIP SPEAKS VOLUMES

APPLICATION FOR MEMBERSHIP

I, _____, employee # _____,

hereby apply to become a Member of the City of Toronto, Administrative, Professional, Supervisory Association, Incorporated (COTAPSA). I authorize my employer to deduct dues from my wages and to remit such amounts to COTAPSA unless advised otherwise by COTAPSA. COTAPSA shall advise my employer in writing of the amount of dues to be deducted. As a Member, I authorize COTAPSA to represent my interests on matters related to my employment with my employer and abide by its Constitution.

Signature of Applicant _____

Dated at _____, Ontario on this _____ day of _____, 20____

MEMBER INFORMATION (CONFIDENTIAL)

Name - First _____ Initial _____ Last _____

Business Mailing Address _____

Home Mailing Address _____

Telephone Numbers - Business _____ Home _____

Present Service Area Department _____ Division/Section _____

Present Position _____

Preferred Email Address - City _____ Home _____

NOTE: Personal information contained in this form is collected by COTAPSA and will be used by the Association for communication with the Membership and will be maintained in strict confidence. Please be sure to contact COTAPSA if your Member information changes or you take a leave of absence. If a colleague told you about COTAPSA, please tell us their name and extension so we can thank them.

Name _____ Phone _____

PLEASE MAIL THIS FORM TO COTAPSA AT MAILING ADDRESS SHOWN OR FAX TO 416.392.1379 AND WELCOME TO COTAPSA!