



# Membership Application Form

PLEASE COMPLETE YOUR INFORMATION BELOW

Membership No: \_\_\_\_\_

## Member Information

First Name:	_____	Last Name:	_____	Middle Initial:	_____
Birth Date:	_____	WIN ID:	_____		
Address (Unit/Apt.):	_____		Home Phone:	_____	
Street:	_____		Cell Phone:	_____	
City:	_____	Province:	_____	Work Phone:	_____ Ext. _____
Postal Code:	_____				

## Work Information

Ministry/Agency:	_____				
Division/Branch/Dept.	_____	Unit:	_____		
Work Address:	_____				
Job Title:	_____	Classification:	_____		
Continuous Service Date:	_____	Work Email Address:	_____		

## Status (Please choose one of the following)

- Regular Full-time Employee
- Regular Part-time Public Employee
- Fixed-term Full-time Employee
- Fixed-term Employee – Seasonal
- Fixed-term Employee – Part-time/Casual
- Retired – Date: \_\_\_\_\_

I hereby request and accept membership into the Ontario Provincial Police Civilian Association of Mangers and Specialists (OPP CAMS). I confirm that my home position is in the CAMS group at the Ontario Provincial Police. I hereby agree to comply with and be bound by the Association's Constitution and By-Laws. I hereby authorize CAMS to act as my exclusive representative in all matters pertaining to my employment relationship with my employer.

I hereby acknowledge that I agree to pay the yearly sum of Three Hundred Sixty Dollars (\$360.00 CDN) as an initial membership fee to the OPP Civilian Association of Mangers and Specialists (OPP CAMS). **(Retired member's dues are Sixty Dollars (\$60.00 CDN)).**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY:

Application Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dues Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received?	_____
Name of Approver:	_____		Signature of Approver:	_____	
	(Please Print)				