



Unifor Unifaith Community Chapter: Membership Application

I hereby apply for and accept membership in Unifor as part of the **Unifor Unifaith Community Chapter**. I support and will adhere to the Constitution of Unifor. I commit to membership for at least one year. I recognize that this is not an application for formal union certification.

Name
Address
Workplace

Telephone

Email

Membership is open to all workers in The United Church of Canada.

I am eligible as: *[Please **check** one of the following]*

- ☐ a) I am in paid employment within The United Church of Canada
- ☐ b) I was once qualified as stated in part a)
- ☐ c) I am a candidate in the process of becoming Ministry Personnel
- ☐ d) I am an immediate family member of those in a), b), or c) above

Membership Dues: I agree to pay **dues** as either: *[Please **check** one of the following]*

- ☐ Waged Worker [\$144 per year]
- ☐ Non-waged /retired [\$72 per year]

Unifaith understands that some Faith Workers and Families are experiencing financial hardship. Application may be made to the Treasurer for temporary dues assistance.

I authorize Unifor to collect my dues by one of the following methods:

- ☐ Pre-Authorized Debit – processed quarterly. *[Please attach a copy of your void cheque]*
- ☐ Credit Card [MasterCard, Visa via PayPal request] - processed annually in March
- ☐ Cheque – due in January each year

Privacy and Release of Information: *[Please **check** one of the following]*

- ☐ Please only share my contact information with the Unifaith Chapter Executive.
- ☐ Please share with all Unifaith members so I can be in touch with them, and they with me.
- ☐ Please keep all of my contact information confidential.

Signature

Date

I may revoke or change my authorization at any time by contacting Unifor Unifaith Community Chapter, subject to providing notice of 30 days. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the pre-authorized debit agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

PRINT DOCUMENT [CLICK HERE](#)

Mail this completed form to: Unifor Unifaith Community Chapter, Box 638, Minden, ON K0M 2K0. Or email your completed and saved form to Secretary@unifaith.ca. Or speak confidentially with Unifaith's Organizing Chair Alison Miculan at 289-921-1399.