



REGISTRATION FORM BASIC TRAINING OR ADVANCED

Please send your form by email or fax to :

BureauRegionalMontreal@psac-afpc.com Fax: 514 875-8399

PSAC - Montreal Regional Office, 5800 Saint-Denis St, suite 1104, Montreal (Quebec) H2S

3L5 Telephone : 514 875-7100 Toll-free : 1 800 642-8020

Course Title :

Dates :

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Your membership number is on your PSAC membership card. It is also on the membership list kept by your Local officer.

REQUIRED

Membership number Component/DCL Local

Union position Classification or job title Employer

LAST NAME

FIRST NAME

HOME ADDRESS

Street number Street Apartment

Street number Province Postal code

Telephone number (Home) Telephone number (office)

Fax number (Office/Home/Local) Cell number (if available)

Participant's email address

IMPORTANT - Participant's email address

REQUIRED - (TO BE COMPLETED BY LOCAL PRESIDENT) If more than one member of your Local is registering for the course, CHECK OFF a number below to indicate the candidate's order of priority :

1 2 3 4 5 6

Do you have any special needs (e.g. sign language interpretation)? Please specify :

Signature of candidate

Recommended by : Local President (if loss of pay) - Regional Council President - Women's Regional Committee Director - Equity Group Committee Director - Youth Committee Representative - University Sector Quebec Council Committee President - DCL Committee Director

REQUIRED - EMAIL ADDRESS OF THE PERSON RECOMMENDING THE TRAINING

Email address of recommender

OPTIONAL - Please indicate if you belong to a equity group.

Other (specify)

Member with Disability Indigenous Members Racialized Members Women LGBTQ2+ Young Workers

Other (specify)