



# 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)

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

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

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

Other (specify)