REGISTRATION FORM
CORE OR ADVANCED COURSE

Please fax or email your completed form to:

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

PSAC – Montreal Office, 5800 Saint-Denis Street, Suite 1104, Montreal QC H2S 3L5

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

Course name: Shop Steward, Area Councils 2-6-7

Course dates: Oct. 16 and 17, 2026, 9 a.m. to 5 p.m.

PLEASE PRINT CLEARLY

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

REQUIRED

PSAC No. | Component/DCL | Local

Union function | Classification or job title | Employer

NAME

FIRST NAME

HOME ADDRESS

Street number | Street | Apartment

City | Province | Postal Code

Telephone (home) | Telephone (work)

Fax (home, work or union local) | Cell (if applicable)

IMPORTANT – Participant's email address

REQUIRED – If more than one member of your Local is registering for the course, CHECK OFF a number below to indicate the participant's order of priority (to be completed by the Local president).

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6

Do you have any special needs (e.g. sign language)?

Participant signature

Recommended by: Local president (if loss of salary) – Area council president – Director, Regional Women's Committee – Director, Equity Groups Committee – Young Workers Committee representative – Director, DCL Committee – Chair, QCUU Committee

REQUIRED – EMAIL ADDRESS OF THE PERSON RECOMMENDING THE TRAINING

OPTIONAL – Please indicate whether you belong to an equity-seeking group.

☐ Person with a disability ☐ Indigenous ☐ Racialized person ☐ Woman ☐ 2SLGBTQIA+ ☐ Young worker Other (specify)