

CUPE Local 3906 UNIT 2 LIMITED TRAINING FUND AWARD 2021 APPLICATION FORM

INSTRUCTIONS: Please complete Parts 1, 2, and 3. Please type or print clearly and sign in the “signature” box. Please submit completed forms via email to staff@cupe3906.org no later August 31, 2021.

Part 1: Member Information

NAME:	EMPLOYEE NUMBER:
EMAIL ADDRESS:	DEPARTMENT(S) OF EMPLOYMENT AS A CUPE 3906 UNIT 2 MEMBER:
MAILING ADDRESS:	

I understand that my cheque will be mailed to the address above.

Part 2: Eligibility Requirements (you MUST submit a copy of your registration email or certificate of completion)

Name of Training Completed:	Date of Completion:

Additional pages may be appended if necessary

Part 3: Member Signature

I submit this claim as a member in good standing with CUPE Local 3906. I am aware that any false information given will result in my immediate disqualification from this benefit, and could result in further legal action.

Signature of Applicant:	Date:
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