



CANADIAN UNION OF POSTAL WORKERS

HAMILTON LOCAL 548

1130 Barton Street East
Suite 200
Hamilton, Ontario L8H 7P9
Telephone: 905-573-8700
Fax: 905-573-8699

ADDRESS CHANGE / UNION DUES WAIVER

Please Check One: Address Change___ (Complete Section A) OR
Union Dues Waiver___ (Complete Section A & B)

SECTION A

Last Name _____
First Name _____
H.R.I.D.# _____ Union I.D.# _____
(New) Address _____

(New) Telephone # _____
New Address Effective On: _____
Position and/or Classification _____
Work Location _____

SECTION B

Reason for Leave: (Please Check One) Education___ Maternity___ Parental___
Sick without Pay___ Other___
Start of Leave: _____
End of Leave: _____
Date of last pay from CPC: _____
Comments (from A and/or B): _____

Please submit to Local Office, if possible, before you move and/or before your Dues Waiver is to start. Please be advised that you are responsible for submitting documentation supporting your application for a dues waiver. This documentation may be your SAP Records, your last pay from CPC, or your leave form signed off by your supervisor. When I receive your application I will contact you regarding this.

MEMBER'S SIGNATURE _____ DATE: _____

If in the event I _____ cannot obtain my SAP Records from my immediate supervisor I authorize Sophie Kruk the Secretary-Treasurer of Hamilton Local 548 to work on my behalf to obtain these records from CPC.

MEMBER'S SIGNATURE AUTHORIZING LOCAL 548 TO OBTAIN SAP RECORDS: _____
DATE: _____
