

386 Broadway, Suite 503  
Winnipeg, MB R3C 3R6  
Phone: (204) 975-8216



Fax: (204) 947-9767  
Email: executive@pcam.ca  
Web: www.pcam.ca

## MEMBERSHIP APPLICATION

\_\_\_\_\_  
First Name      Initial      Last Name

Gender    Female    Male    Prefer not to disclose

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M      D      Y

\_\_\_\_\_  
Home address                                      Home Phone

\_\_\_\_\_  
City/Town    Postal Code

\_\_\_\_\_  
Home/Personal E-mail

\_\_\_\_\_  
Employer    Employee #

Job Title \_\_\_\_\_

Term       Casual       Part-time       Full-time

\_\_\_\_\_  
Work Address    Work Phone

\_\_\_\_\_  
City/Town    Postal Code

\_\_\_\_\_  
Start Date

PCAM has implemented policies and procedures to safeguard my privacy and protect my personal information. Pursuant to the **Personal Information Protection and Electronic Documents Act**, I consent to the use of my personal information by PCAM for the purposes of collective bargaining, handling grievances, and other matters relating to my employment. PCAM has a commitment from third parties, that receive personal information from the Union, that my personal information will be safeguarded and protected from unauthorized use. I hereby consent to the sharing of personal information with third parties by the Union and understand that my personal information will not be sold to third parties.

I hereby make application for and accept members in the *Physician and Clinical Assistants of Manitoba* (PCAM), and of my own free will, authorize the union, its agents or representatives, to bargain collectively on my behalf with my employer and where deemed advisable to apply for certification. I understand that this commitment will continue in full force and effect until removed by me in writing to the union.

I hereby acknowledge that PCAM's dues structure has been explained to me, including how dues are assessed, changed, when they are to start, and I understand the process.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
PCAM Signature

\_\_\_\_\_  
Date Signed