

UNION FORM

YOUR TITLE OF _____ IS

COVERED BY _____

IF YOU NEED FURTHER INFORMATION CONTACT YOUR SHOP STEWARD.

SIGNATURE-EMPLOYEE

DATE

SIGNATURE –PERSONNEL REPRESENTATIVE

DATE

IF YOU ARE CHANGING UNIONS OR ENTERING SERVICE WITH THE DEPARTMENT OF CORRECTION FOR THE FIRST TIME IT IS NECESSARY FOR YOU TO CONTACT YOUR NEW UNION TO REQUEST MEMBERSHIP CARDS. RETURN THEM TO YOUR UNION WITHOUT DELAY TO EFFECTUATE YOUR UNION BENEFITS.

THE TELEPHONE NUMBER FOR YOU UNION IS:

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