

ADMISSION FORM



NAME: _____

FIRST NAME: _____

Date of birth: / / _____

Administrative region: _____

HOME ADDRESS

& street: _____

OFFICE ADDRESS

& street: _____

City: _____ Postal code: _____

City: _____ Postal code: _____

Tel.: () _____

Tel.: () _____

Email: _____

NAME OF THE EMPLOYER: _____

Type of establishment: _____

Position: _____

Salary class: # _____

Academic diploma(s): _____

Association(s) of which you are a member: _____

Corporation of which you are a member: _____

How did you learn about *APER*?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Web site | <input type="checkbox"/> Info-Cadres |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Member |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> Other (specify) | |

My admission is supported by a member of *APER*

INFORMATION ABOUT MY SPONSOR

Name: _____

First name: _____

Administrative region: _____

Tel.: () _____

By the following, I ask my admission as a member of the *APER santé et services sociaux*.

Signed: _____

Date: _____

Enclosed, form of authorization for salary deduction.

These forms must be sent to the APERSSS secretary at:

AUTHORIZATION OF DEDUCTION AT SOURCE



Considering that article 3 of the *Regulation respecting certain conditions of employment of officers of regional agencies and of health and social services establishments* allows the following:

I, undersigned _____

authorize my employer: _____

address: _____

- to deduct from my salary at each of the 26 pay periods an amount equivalent to 0.60% of my annual salary the membership dues authorized by the General Assembly of the **APER santé et services sociaux**. However, the maximum payable has been set at an amount equivalent of 0.60% of the maximum salary of class 16.

Remittance of these amounts will have to be made to the association **APER santé et services sociaux** to the address appearing below, within (15) days following the end of each of the thirteen (13) accounting periods of the financial year.

The present authorization is revocable following a three month written advice given by the member and received by the association.

SIGNED: _____ in: _____

Date: / / _____