

STANDING COMMITTEE APPLICATION FORM



Name:	Member Number:
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Local:	Chapter:
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Home Address:	City:	Postal Code:
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Home Phone:	Work Phone:
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Personal Email:

Union activity and Standing Committee experience:	What courses have you taken?
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What Committee(s) are you interested in sitting on? *(Please list in order of preference)*

1)

2)

Why do you want to serve on your selected committee?

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Optional

Do you belong to an equity-deserving group?
(Please check all relevant boxes)

Yes No Prefer not to Answer

If yes, please specify

- Women
- LGBTQ+
- Indigenous (First Nations, Inuit, or Métis)
- Persons with disabilities (long-term or recurring physical, mental, sensory, psychiatric, or learning impairment)
- Members of visible minorities (non-European American/non-white)
- Newcomer, recent immigrant, or refugee
- English as another language
- I belong to an equity-deserving group and prefer not to identify the group.
- Other, please provide equity-deserving group(s):

Were you previously a member of one of your preferred committees?

Yes No

Specify:

Is there anything you would like to add?

**Forms will be accepted by the President's Office
from September 1st to 7 days after Convention.**

AUPE Headquarters, Executive Office
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