



Standing Committee Member Application

Name: _____ Local: _____ Date: _____

Email: _____ Phone #: _____

Local President's Signature: _____

Applications will not be accepted without the signature of the Local's President.

Which committee would you like to apply for?

- | | |
|---|--|
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> Global Justice |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Contracting Out |
| <input type="checkbox"/> Occupational Health & Safety | <input type="checkbox"/> Young Workers |

Tell us why you would like to be a part of a CUPE NL Committee.

Applications to be forwarded to CUPE NL by June 30, 2026

Email: sherryh@cupe.ca

OR

Mail: CUPE Newfoundland and Labrador
15 International Place, Suite 102, St John's NL A1A 0L4