



Aboriginal Skilled Workers Association - Membership Card

Pursuant to the **Personal Information, Privacy and Electronic Documents Act, and the Income Tax Act**

I consent to and authorize the Aboriginal Skilled Workers (ASWA) to collect, use and disclose personal information, including the following information as required in order to provide me with the full benefits of membership in ASWA and as otherwise required by law.

I, _____ hereby apply to join the Aboriginal Skilled Workers Association.

ADDRESS: _____ PHONE NUMBER: _____

CITY/TOWN _____ POSTAL CODE _____ EMAIL ADDRESS: _____

TRADE OR OCCUPATION: _____

TYPE OF MEMBERSHIP: CLASS A Journeyperson/Certified CLASS C Employer/Contractor
(check one) CLASS B Apprentice or learner CLASS D Supporter

*I understand that ASWA will use the above information for personal identification and to contact me for Association purposes, to allocate certain remittances made by my employer on my behalf; and for other employment and Association administration/communication purposes.
I understand that ASWA maintains a record of my personal information which includes information about my membership and employment status, number of hours worked and my employer.*

DATE: _____ SIGNATURE: _____

WITNESS SIGNATURE: _____ \$5.00 fee paid

I hereby confirm that I witnessed the signature of the Applicant.