

BCNU Steward Registration/Change Form

Please complete after each election, appointment, change of duties and/or resignation.

Both sides MUST be completed. Please PRINT except for signatures.

☐ New Steward ☐ Change of Steward Role ☐ Resignation

PERSONAL INFORMATION: To be filled out by the new steward.

BCNU Member ID:		
First Name and Initial:	Last Name:	
Address:		City, Postal Code:
Home Phone:	Cell Phone:	Home Email:
Work Phone: (where you can be reached. Ext., direct line, etc.)		Pager:
<p>*I hereby verify that I am aware that my contact information will be given to members in order to conduct union business.</p> <p><i>Please provide BCNU with a personal email address and do not use your work email address to send or receive information relating to union business. This practice protects both you and the union. Communication through employer email is not confidential. You may not be able to access your work email when you need to, for example during job action, and employees are sometimes disciplined for their use of employer email. By providing your personal contact information, you are consenting to use of same for BCNU steward business.</i></p>		
Signature of New Steward*:		Date of Signature:

WORKSITE INFORMATION: (where you hold the steward role)

Worksite Name:	(Ward, Dept, Unit, etc. be as specific as possible)	
Address:	City:	Postal Code:
Start date (month/year):		

STEWARD ROLE INFORMATION:

Role: (In addition to the core contract steward role, check any additional position that applies) <input type="checkbox"/> Steward Coordinator <input type="checkbox"/> Primary Contact Steward <input type="checkbox"/> OH & S Steward <input type="checkbox"/> PRF Steward <i>(Sites with 4+ stewards) (sites with 1-3 stewards)</i>	
For mail out purposes: Do you require multiple postings? (typically for 1 steward per worksite) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of copies:
Number of members your team is responsible for:	Number of Stewards in team:

FORM APPROVAL: To be filled out by the Elections Officer, Steward Coordinator or Regional Executive.

This steward _____ was:

First name *Last name*

(Choose appropriate category and fill in date)

- | | |
|---|----------------------------|
| <input type="checkbox"/> Elected | Date of Election: _____ |
| <input type="checkbox"/> Re-elected | Date of re-election: _____ |
| <input type="checkbox"/> Appointed until next election | Date of appointment: _____ |
| <input type="checkbox"/> Resigned | Date of resignation: _____ |

Print Name of Authorized Person:	
Signature:	Date of signature:
Position of Authorized Person:	

Additional comments:

Submit this form to:

Membership Department, British Columbia Nurses' Union
4060 Regent Street, Burnaby, BC V5C 6P5
Fax: 604-433-7945 or 1-888-284-2222
membership@bcnu.org

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