

OPSSU MEMBERS PERSONAL INFORMATION FORM

This form must be completed and submitted to the Strike Finance committee in order to collect Strike Pay
Please send your completed forms in hard copy to Gwen Merritt, or email them to her at gmerritt@opssu.ca.

Form submission deadline: August 15, 2016

PLEASE PRINT CLEARLY

Strike Coordinators

Head Office (100 Lesmill)

Scott Fergusson

Frank Inglis

Luisa Quarta

Libby Zeleke

Head Office (Coopers)

Terri Aversa

Head Office (Victoria Park)

Sue Dafoe

Region 1

Lynne Easter

Region 2

Pati Habermann

Region 3

Tim Mulhall

Region 4

Bryan Stamm

Region 5

Sue Dafoe

Region 6

Cathy Guppy

Region 7

Shawn Koza

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Member's Name: _____	Work location/Office: _____	
Street: _____		
City: _____	Prov: _____	Postal Code: _____
Home Phone: () _____	Cell Phone: () _____	Work Ext #: _____
Home (secure) e-mail address: _____		

List of Dependents		
Dependents (Full Name)	Date of Birth (mm/dd/yy)	Relationship to Member
1.		
2.		
3.		
4.		
5.		
6.		

Member's Signature: _____ Date: _____

Picketing /Accommodation Information (Note: Strike Coordinators are listed on reverse of form)	
<input type="checkbox"/> I will be picketing at my Work Site <input type="checkbox"/> I would like to Picket at: Location: _____	<p style="text-align: center;">Accommodation</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> I will require accommodation Members with disabilities and family responsibilities will be accommodated to the extent possible in determining appropriate strike duties. (Art. 5.07) </div>
If a member wishes to perform strike duties in a city other than his/her work location, he/she may request this option. The Area Co-ordinator/Unit Contact/members will make this determination having due regard to the wishes of the member and the needs of the Area. (Art. 5.06)	
<u>Home Location:</u>	<u>Receiving Location:</u>
_____	_____
Strike Coordinator Name (Please print)	Strike Coordinator Name (Please print)