



BCFMWU APPLICATION FORM

Women's Conference 2019
Inn at Laurel Point, Victoria, BC
November 25 & 26, 2019

SECTION A – PERSONAL INFORMATION – LOCAL NOMINEE TO COMPLETE

Last Name: _____ First Name: _____

Address: _____ Apt/Suite: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell# _____

Email: _____

POA: _____ Local: _____ Member # _____

What Union position (if any) do you hold at your Local? _____

Employment Status: Full-time Part-time Casual Seasonal

I identify my gender as: _____

Do you identify as a member of any of the following equity-seeking groups or youth?

LGBTQ2S

Indigenous

People with Disabilities

Person of Colour

Women

Youth (35 years or younger)

Medical Condition/Special Accommodation:

Do you have any medical condition(s) that would require special accommodation during your attendance at the Women's Conference? Yes No

If yes, please explain what accommodations are required.

Do you have any food allergies or alerts that we should be aware of so we can advise the caterer? Yes No

If yes, please explain what accommodations are required

BCFMWU Women's Conference 2019



SECTION B – MEMBER TO COMPLETE

1. Why are you interested in participating in the Women's Conference?

Are you active or involved in any community groups, coalitions, political organizations or equity groups in your community? (I.e. Women's and or Community Organizations, Labour Council etc.) If yes, please describe your involvement.

What involvement have you had in your workplace or BCFMWU Local?

Signature of Applicant

Date