



**B.C. GOVERNMENT AND SERVICE  
EMPLOYEES' UNION (BCGEU)**

**STEWARD/CONTACT INFORMATION SHEET**

To ensure that you are set up in our records as a steward/  
contact, the following information is required. Please complete  
and forward to your area office as soon as possible.

**For Area Office/HQ Use Only**

STEWARD/CONTACT:  
New  Delete

Information change only

Work Location No. \_\_\_\_\_

Member's Local No. \_\_\_\_\_

<b>Name</b> (Surname):	(Given name & middle initial):
BCGEU Membership No. or SIN:	Phone:
<b>Home Address:</b>	City:
Postal Code:	<b>E-Mail Address</b> (work or home):

<b>Name of Employer:</b>	Name of Your Department/Office/Work Area:
<b>Work Address:</b> ( <i>NOT</i> mailing address)	City:
Phone:	Fax:

**Specific Work Areas Represented:**

(Actual location description, e.g. 2nd floor, kitchen, laundry, name of group home, a specific work address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Location No.:**

(If known)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I was elected/acclaimed: Steward  Contact  Date: \_\_\_\_\_

Total number of bulletin boards at my Worksite: \_\_\_\_\_

**My worksite is now represented by the following individuals (including myself):**

**Steward Name(s)** (please print)

**Contact Name(s)** (please print)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Form completed by (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Have you taken any of the following union educational courses?

	Yes / No	Yr. / Mo.
Basic Stewards Course (3 days)	_____	_____
Advanced Stewards Course (2 days)	_____	_____
Local Officers Course (1½ days)	_____	_____
Other BCGEU courses taken: _____		
Other labour courses (CLC, etc.): _____		



You should have received the following from the steward you have replaced. However, if you have not, please indicate below:

	Received	Needed
Steward's Manual	_____	_____
BCGEU Constitution	_____	_____
Grievance Forms	_____	_____
Membership Application Cards	_____	_____
BCGEU Decals	_____	_____
Associate Membership Application Forms	_____	_____
Change of Member Information Forms	_____	_____
Expense Claim Forms	_____	_____

***For Area Office Use Only***

Date Supplies Issued: \_\_\_\_\_