OPSEU STRIKE REGISTER

FORM C

LOCAL _____

NAME	S.I.N. or MEMBER ID #	ADDRESS	TEL.#	# OF DEPEN DENTS	MPIF Received by:

NOTE: FORWARD ORIGINAL TO ACCOUNTING, HEAD OFFICE, ENSURING THAT AN MPIF HAS BEEN ATTACHED FOR EACH MEMBER WISHING TO RECEIVE STRIKE PAY AND BENEFITS. RETAIN COPY FOR LOCAL RECORDS.

_____

SUBMITTED TO H/O BY: PLEASE PRINT CLEARLY