

CUPE/SCFP 1281

Monthly Dues Form for Employers

Sub-Local (workplace): _____ Prepared by: _____
 Date submitted: _____ Contact info: _____
 Dues for the period of: _____

All fields must be completed prior to submission. Please print.

First Name	Last Name	Home Address	Email Address	Home Phone Number	Gross Salary	Dues (3% of Gross)
Full-Time Employees						
Total Full time Dues						
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Part-Time Employees –		as defined in the Collective Agreement				
Grand Total: Full-time & Part-time Dues						

Please enclose the completed form with a cheque payable to CUPE/SCFP 1281 and mail to:
 Secretary-Treasurer, CUPE 1281 – 25 Wood Street, Suite 102, Toronto, ON M4Y 2P9
 For more information: 416-551-0057 or admin@cupe1281.ca