HARDSHIP FUND Application

Please return this form to accounting@cupe.bc.ca

MEMBER IN NEED: _____ _____ **CUPE LOCAL:** _____
First Name Last Name

MEMBER'S ADDRESS: _____

REQUESTED BY: _____ _____ **CUPE LOCAL:** _____
Name Position

REASON FOR HARDSHIP APPLICATION:

CHEQUE PAYABLE TO: _____

MAILING INSTUCTIONS: _____

CHEQUE MAILING ADDRESS: _____
Include Street, City, Province and Postal Code

_____ _____
Requestor Signature Date

AMOUNT: $ 500.00

_____
Approved by:

Print Form Clear Form