

AIRCRAFT MECHANICS FRATERNAL ASSOCIATION

APPLICATION FOR MEMBERSHIP CANADA ONLY

NAME:				
	last	first		mi
EMPLOYER: STATION:			BID LOCATION:	
EMPLO	YEE #:	CLASSIFICATION:		
HIRE D	ATE:	CLASSIFICATION SI	ENIORITY DATE:	
CURRE	NT ADDRESS:street			and .
	street			apt
	city		province	postal code
HOME I	PHONE #:	WORK PHONE #: _		
CELL F	PHONE #: PER	SONAL EMAIL ADDRI	ESS:	
HAVE Y	OU PREVIOUSLY BEEN AN AMFA MEMBER?	YES 🗖	№ □	
IF YES:	PREVIOUS AMFA NO	LOCAL	EMPLOYE	R
DID YO	U RECEIVE AN HONORARY WITHDRAWAL CARI	D? YES 🗖	NO 🗖	
	OU A COMMUNIST, FASCIST, NAZI; OR SUPPORT RSIVE ORGANIZATION?	ANY OTHER TOTALIT	CARIAN PHILOSOPHY OR NO 🗖	
HAVE Y A MEM	YOU EVER WORKED DURING A LAWFUL STRIKE BER?	CALLED BY THE UNIO	ON IN WHICH YOU WERI	E
	OU EVER WORKED AS A PERMANENT OR TEMPREVIOUSLY HELD YOUR POSITION WERE ON STI			TION WHERE THE PERSON
SIGNATURE:				
>	LENGTH OF PROBATION (m			
ONLY	RESULTS OF DUES AND MEMBERSHIP RECORDS CHECK WITH AMFA NATIONAL:			
	COMMENTS			
USE				(imitial)
	RECOMMENDATION OF LOCAL SECRETARY:			
	COMMENTS			
	APPLICATION PRESENTED ON:			
OFFICE	PRESIDING OFFICER:	/:	S/	
	WITNESS:	/:	s/	
	WITNESS:	/:	s/	