



**NAPE YOUNG WORKERS CONFERENCE
APPLICATION FORM**

PLEASE ENSURE ALL SECTIONS ARE COMPLETELY FILLED OUT

Section A - Identification

Name: _____ M ___ F ___ Other ___

Primary E-mail: _____

Mailing Address: _____

Postal Code: _____ Primary Phone # _____

Work Phone # _____

Work Location: _____ Date of Birth: _____

Section B - NAPE Experience

Local #: _____

Number of years in Union: _____

Position(s) held in NAPE Local: _____

Section C - Special Requirements

Are special accommodations required? _____

Do you have special dietary needs? _____

Do you have any other requirements? (i.e. mobility, hearing, or vision requirements)

Section D - NAPE Education Background

Is this your first NAPE Conference/Education function? Yes ___ No ___

If no, please indicate below:

Women's Conference Yes ___ No ___

Shop Steward Training Yes ___ No ___

Local Officers' Training Yes ___ No ___

Labour School Yes ___ No ___

Signature of Applicant: _____ Date: _____

In case of emergency please notify:

Contact Name: _____ Phone #: _____