

# MEMBER REGISTRATION

**Please fill in the form below and press the Submit button to let us know you're interested.**

**First Name:**

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**Last Name:**

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**Address:**

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**Town/City:**

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Province:

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**Postal Code:**

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**Email address:**

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**Phone #1-**

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**Area Code:**

Number:

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**Phone #2-**

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**Area Code:**

Number:

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**Alberta Millwright Journeyman:** ☐ No ☒ Yes

No

Yes

**Certification (Title, Year, Certifying Organization):**

[illegible]

**Years of experience:**

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**Are you currently a member of UBC?:** ☐ No ☐ Yes

No

Yes

**Current Employer:**

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**OR Not working right now:**

7

**Work Experience (Employers, length & type of work,):**

		▲
		▼
◀		▶

**Can you go to work within 2 weeks?** ☐ No ☐ Yes

**If longer than 2 weeks, how many weeks before you can go to work?**   
**How did you learn about our recruitment campaign?**