

Application

CUPE NATIONAL CONVENTION



Date of Convention: October 6-10, 2025

Location: Toronto

Application Deadline: Monday, June 16, 2025

Your Name: _____

Please note

Incomplete applications will not be accepted.

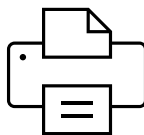
After the registration deadline, you will be notified by email if your application is accepted, and you will be required to apply for leave of absence for union business. Due to a limited amount of space, we may not be able to accept all applications. We will also notify unsuccessful applicants by email.

Please ensure the email address on your application is current.

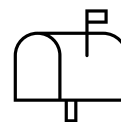
Submit your application form by email, fax, or mail.



EMAIL:
CUPEevents@heu.org



Fax:
604-739-1510



HEU Provincial Office
5000 North Fraser Way
Burnaby, BC V5J 5M3

Date Sent: _____ **# of pages:** _____

PROVINCIAL OFFICE
5000 North Fraser Way
Burnaby, BC V5J 5M3

TEL 1-800-663-5813
FAX 604-739-1510
WEB www.heu.org

BARB NEDERPEL, President
LYNN BUECKERT, Secretary-Business Manager
BETTY VALENZUELA, Financial Secretary

SECTION A – PERSONAL INFORMATION

Last Name: _____ **First Name:** _____

Address: _____ **Apt/Suite:** _____

City: _____ **Postal Code:** _____

Mailing Address (if different): _____

Primary Phone: _____ **Cell Phone:** _____

Personal Email (do not use work email): _____

Employer: _____ **Worksite Name:** _____

Job Title: _____ **HEU Local (if known):** _____

Employment Status: ☐ Full-time ☐ Part-time ☐ Casual

Region: ☐ North ☐ Interior ☐ Vancouver Coastal (includes PHSA)
☐ Fraser ☐ Vancouver Island

Do you self-identify with any of the following equity groups? (Check any that apply)

☐ Indigenous ☐ 2SLGBTQIA+ ☐ Worker with disabilities ☐ Worker of Colour
☐ 2-Spirit, Women or Non-Binary ☐ Young Worker (33 years or younger)

Emergency Contact Name: _____ **Phone:** _____

Do you have any medical condition(s) or is there anything else that we should be aware of that could impact your ability to participate in this event? ☐ YES ☐ NO

If yes, please briefly explain. (In some cases, a Physician's note may be required)

Do you have an accessibility requirements? ☐ YES ☐ NO

If yes, please fill in the accessibility form included at the end of this application.

SECTION B – QUESTIONNAIRE

1. Have you ever attended any of the following conventions before? If yes, please indicate. First time delegates are welcome!

- | | |
|-----------------------------|---------------|
| 1. CUPE National | Year(s) _____ |
| 2. BC Federation of Labour | Year(s) _____ |
| 3. Canadian Labour Congress | Year(s) _____ |
| 4. Other | Year(s) _____ |

2. Union Involvement: Please list your HEU activism. Do you attend union meetings, are you a shop steward, or on your Local's executive?

3. Labour Council Involvement: Are you involved in your labour council?

4. Community Involvement: Are you active in a community group?

5. What are you hoping to learn at the CUPE National Convention?

SECTION C – LOCAL ENDORSEMENT

This section to be filled out by Local Chairperson or Secretary-Treasurer

HEU Members Name: _____

HEU Local: _____

Please note that an endorsement from your Local Chairperson or Secretary-Treasurer is required.

Local Chairperson/Secretary-Treasurer

Please print

Date

Local Chairperson/Secretary-Treasurer

Signature

Signature of Applicant

Date

*Disclaimer: Personal information collected on this form, will be used to process this application
and to update your contact information in HEU's membership database.*

Event Information

CUPE NATIONAL ACCESSIBILITY NEEDS



This form should be completed by all members with accessibility considerations.

CUPE will endeavour to make appropriate arrangements for all requests.

Which of the following applies to you?

- ☐ Wheelchair/Scooter user
- ☐ Alternate print user (such as large print)
- ☐ Sign language or real time captioning user
- ☐ Noise Sensitivity
- ☐ Other, please specify:

Do you require convention material in:

- ☐ USB Key: File type (Word, PDF, etc)
- ☐ Large print: Font style and size: _____
- ☐ Other, please specify:

Do you require accessible transportation from the airport?

- ☐ Yes ☐ NO

If yes, CUPE will provide names and contact details of taxis in the area.

Which of the following would you require at the hotel?

(This applies to hotels booked through W.E. Union Travel only)

- ☐ Wheelchair accessible – roll-in shower
- ☐ Flashing light technology

Will you be accompanied by a guide dog? ☐ Yes ☐ No

- ☐ Other accommodation needs, please specify:
