

Local supplies and materials order form



How to order for your local

Supplies and materials listed in this form are supplied to locals at no cost.

Forms must be signed by your local Chair, Secretary-Treasurer or Site Rep.

Items will be sent to the shipping address on your order form.

You can send this form one of two ways:

- Fill out this PDF, save, and email it
- Print the PDF, fill out by hand and fax

Email: mailroom@heu.org

Fax to 604-739-1519

If you have any questions, please contact the Production Centre at the Provincial Office at mailroom@heu.org or call 1-800-663-5813 (toll-free).

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| QTY | ITEM |
|--------------------|--|
| | Accounting ledger (Maximum of 1 ledger) |
| | Application for membership card |
| | Ballots – blank (100/bundle) |
| | Change of membership data form |
| | Classification job review request pad (9 forms/pad) |
| | Constitution & Bylaws (2022) |
| | Collective agreement: Facilities Subsector - FBA (2022-2025) |
| | Collective agreement: Community Social Services - Community Living - CSSBA (2022 – 2025) |
| | Collective agreement: Community Social Services - General Services - CSSBA (2022 – 2025) |
| | Collective agreement: Community Health - CBA (2022 – 2025) Printed |
| Contact Rep | Collective agreement: Independent and Other |
| | Death benefit fund card |
| | Grievance pad with log (9 forms/pad) |
| | Independent professional responsibility form |
| | Lanyard – HEU |
| | Local activities report form |
| | Local attendance record form |
| | Local minutes form |
| | Local officer form |
| | Look who's dropping in form |
| | LPN professional responsibility form |
| | Membership meeting notice – Local Meeting |
| | Membership meeting notice – Special Meeting |
| | New member kit |
| | Officers guide to resolving conflict |
| | Pen – HEU |
| | Pin – HEU (initiation of member) |
| | Quarterly report pad (13 forms/pad) Maximum of 3 pads |
| | Retirement report form – Name of member(s): |
| | Supervisor's handbook |
| | Union fact sheet |
| | Union meeting stickers (24 stickers/sheet) Maximum of 3 sheets |
| | Workload journal |
| | Workload incident report form |

NAME OF LOCAL CHAIR, S-T or SITE REP _____

FACILITY NAME _____ LOCAL _____ DATE _____

SHIPPING ADDRESS _____

SIGNATURE OF LOCAL CHAIR, S-T or SITE REP _____