



AUTHORIZATION & REPRESENTATION FORM

Please scan, fax/mail this form to COTAPSA - see contact information below

I authorize my employer to deduct dues from my wages and to remit such amounts to COTAPSA unless advised otherwise by COTAPSA.

COTAPSA shall advise my employer in writing of the amount of dues to be deducted.

As a member, I authorize COTAPSA to represent my interests on matters related to my employment with the City of Toronto.

I acknowledge that COTAPSA's Constitution is available for my review on the member's website and I agree to abide by the terms and provisions of the Constitution.

I hereby authorize COTAPSA to advise me and act on my behalf with respect to human resource issues including representation as a member of a group related to my employment with the City of Toronto.

I authorize COTAPSA to represent me and to attend meetings and generally to conduct matters related to the employment matters for which I have accessed COTAPSA's assistance, including but not limited to negotiations on my behalf.

I further authorize COTAPSA's Senior Human Resources Consultant and Executive Director, when necessary, and with my knowledge, to have full and complete access to my Personnel File and any other documents relating to my employment matters with the City of Toronto.

Dated at _____, Ontario, the _____ day of _____, 20____

Name (Print Clearly)

(Signature)