

APPENDIX III - UNION MEMBERSHIP FORM

A.G.S.E.M

Term: Fall / Winter / Summer **Year:** _____

McGill ID _____

Name _____

Mailing Address _____

Telephone number (Work) _____ (Home/Optional) _____

E-mail _____

Department _____

Degree (Ph.D./M.A.) _____ Year _____

Have you had a TAship prior to this appointment? (Yes/No) _____

The Association des étudiant-e-s diplômé-e-s employé-e-s de McGill/Association of Graduate Students Employed at McGill (AGSEM) was created to protect teaching assistants and demonstrators' interests and to improve their working conditions. For further information, consult the full text of the collective agreement, which can be found at: _____ . The collective agreement defines the procedure upon which my future appointments will be based. I will complete a workload form at the beginning of my appointment with my course supervisor which specifies my anticipated duties and work hours. This schedule should not exceed the total hours specified in my appointment. By signing this form I confirm or reaffirm that I am a member of AGSEM and pledge to observe the statutes, bylaws and decisions of the union.

Signature _____

Date _____