



I, the undersigned employee of

have freely signed this petition in support of an application for certification as my bargaining agent by

HEALTH SCIENCES ASSOCIATION OF ALBERTA

I HAVE SIGNED THIS PETITION FREELY AND WITHOUT PRESSURE

Employee Signature	Employee Name (please print)	Job Title	Employment Status
			<input type="checkbox"/> Full Time
		Worksite	<input type="checkbox"/> Part Time
			<input type="checkbox"/> Casual
Home Address	Home Phone No.	Date of Signing	Witness' Signature
		_____ (dd) (mmm) (yyyy)	

Please return this petition to:

**Health Sciences Association of Alberta
10212 - 112 Street
Edmonton, Alberta T5K 1M4**