

LABOUR RELATIONS CODE

BRITISH COLUMBIA
LABOUR RELATIONS BOARD

**APPLICATION FOR REDIRECTION OF
UNION DUES FOR RELIGIOUS REASONS
(SECTION 17)**

• PLEASE TYPE OR PRINT CLEARLY. ATTACH EXTRA PAGES IF NECESSARY.

APPLICANT INFORMATION

- PERSON MAKING THE APPLICATION.

Name:

Address: City:

Postal Code: Business Tel.: Home Tel.:

Name of legal or other representative (if any):

Address (if different from above):

Postal Code:

TRADE UNION INFORMATION

Full Name: Local Number:

Address: City:

Postal Code: Telephone: Fax:

Name of Contact Person:

Address (if different from above):

COLLECTIVE AGREEMENT PROVISION

- Describe the provisions in the collective agreement concerning union membership or dues or assessments to which you object (attach copies of the agreement or the relevant clauses.)

DISCUSSIONS WITH UNION

- You are required to discuss the possibility of an exemption with the trade union before requesting an exemption from the Board. When were those discussions and what resulted?

- Name the charitable organization to which you propose the monies should be sent if you are granted an exemption from the Board.

CLERGY SUPPORT

- You must provide a letter from someone such as a member of the clergy who knows you, and can explain and vouch for the sincerity of your beliefs.

What is the relationship between you and the author of the letter?

HEARING

- Are you requesting a hearing before the Board? yes no

- If yes, please provide reasons for the request, the estimated time required and the proposed location of the hearing.

- If there is any urgency to the matter, please explain.

Signature of applicant: _____

Print name: _____

Position: _____

Date of signing: _____

COMPLETE AND DELIVER TO:

Vancouver, BC V6E 3X1

Registrar
Labour Relations Board
600 - 1066 West Hastings Street

Tel: 604-660-1300
Fax: 604-660-1892

Copies must be delivered to affected parties

Has this been done? yes no

LABOUR RELATIONS BOARD FEES

- APPLICATION/COMPLAINT MUST INCLUDE FEE OF \$100.00

- METHOD OF PAYMENT (CHECK ONE)

CREDIT CARD - MASTER CARD

VISA

CREDIT CARD NO:

EXPIRY DATE:

SIGNATURE: _____

CHEQUE

DEBIT CARD

CHARGE TO PRE-APPROVED ACCOUNT

- PAYMENT (CHECK ONE)

ENCLOSED

TO BE SENT WITH ORIGINAL COPY AS APPLICATION/COMPLAINT SENT BY FAX

CHARGED TO PRE-APPROVED ACCOUNT

- NOTE: FEE OF \$50.00 MUST ACCOMPANY REPLY TO APPLICATION/COMPLAINT
- NOTE: CREDIT CARD INFORMATION WILL BE DELETED BY THE BOARD PRIOR TO DISTRIBUTING THIS FORM TO THE PARTIES