



The Women's Alliance Membership Application Form (Canada)

Eligibility: Women who are employed by Xerox
Fee: \$60 (non-refundable) for a 12-month period

Name: _____
Employee #: _____
Xerox Location: _____
Internal Phone #: _____
Organization: _____
Job Title: _____
Xerox email address: _____

The Women's Alliance collects the membership fee through payroll deduction. Please fill out the section below for membership. Forms will not be accepted without a signature. Dues are for 12 months starting from the first month of payment.

I, the undersigned, authorize Xerox Payroll to deduct membership dues for the Women's Alliance from my Xerox paycheck. The deduction will begin the month after the TWA Treasurer receives this form. I understand that the deduction totaling \$60 for the first 12 months is non-refundable and renewal in the TWA will happen automatically on an annual basis in the month of my first deduction unless I otherwise inform the TWA Treasurer by email.

Please choose a single method:

- Hourly Weekly Semi-Monthly Monthly

Date: _____
Signature: _____

**Send this form using inter-office mail to: Carolyn Shulman, Bloor Office
Or scan & email to: Carolyn.Shulman@xerox.com**