

APPLICATION FORM

UNION DELEGATION TO THE CONFERENCE ON  
THE SELF-DETERMINATION OF THE PALESTINIAN PEOPLE:  
ISSUES AND CHALLENGES  
MONTREAL  
NOVEMBER 29 & 30 AND DECEMBER 1ST, 2018

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Local: \_\_\_\_\_

Male ☐ Female ☐ Other ☐

I am a member of an equity-seeking group:

Yes ☐ No ☐

Please describe your international solidarity experience, particularly with respect to the situation in Palestine:

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Please describe your recent activity in CUPW, including any position (Shop Steward, Local Executive Member, etc.) you have held:

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