



## CEIU Internet Access Subsidy Program

(1) Local No. \_\_\_\_\_

(2) Local e-mail address: \_\_\_\_\_

(3) Local Executive member responsible for dissemination of information received:

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

Home mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

(4) Agreement of local:

On behalf of local \_\_\_\_\_, I agree that this local shall be bound by the entitlement requirements for this program.

Local President (print): \_\_\_\_\_

Signature of Local President: \_\_\_\_\_

Date: \_\_\_\_\_

Return this form to: **CEIU**  
**Suite 1004**  
**233 Gilmour Street**  
**Ottawa, ON K2P 0P2**