

CHOOSE PUBLIC

Keep **ServiceOntario** safe and secure.

Wrist Band Order Form

Local No. : _____ President: _____

ServiceOntario Worksite: _____

Steward Name: _____ Phone: _____

Mailing Address: _____

Quantity Required: _____ e-mail address: _____

ServiceOntario Worksite: _____

Steward Name: _____ Phone: _____

Mailing Address: _____

Quantity Required: _____ e-mail address: _____

ServiceOntario Worksite: _____

Steward Name: _____ Phone: _____

Mailing Address: _____

Quantity Required: _____ e-mail address: _____

President's Signature: _____

Please return form to **Mary-Anne Di Adamo,**
OPSEU Communications Division,
fax 416 443-1762 or email mdiadamo@opseu.org