

London & District Labour Council

MEMBERSHIP AFFILIATION FORM

UNION: _____ LOCAL: _____

ADDRESS: _____ Postal Code: _____

PHONE NUMBER: _____ FAX: _____

WEBSITE: _____ E-MAIL: _____

PRESIDENT: _____ TREASURER: _____

PER-CAPITA: \$0.25 per member per month

DELEGATE 1 NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

DELEGATE 2 NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

(NOTE: If the Local is entitled to more than two delegates, please fill out more copies of this sheet)

Local President's Signature: _____

DATE: _____

Authorized: _____

Affiliation Date: ____ / ____ / ____

Cheque # : _____

Treasurer's Signature: _____