



London & District Labour Council

londonlabour.ca

MEMBERSHIP AFFILIATION FORM

UNION: _____ LOCAL #: _____

ADDRESS: _____ Postal Code: _____

PHONE NUMBER: _____

WEBSITE: _____ E-MAIL: _____

PRESIDENT: _____ TREASURER: _____

Year	Dues payable	Year	Dues payable
2023	\$.26 per member per month	2026	\$.29 per member per month
2024	\$.27 per member per month	2027	\$.30 per member per month
2025	\$.28 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: _____

Treasurer's Signature: _____

Affiliation Date: ____ / ____ / ____

Cheque #: _____