

DELEGATE REGISTRATION FORM
for
WINNIPEG LABOUR COUNCIL GENERAL MEETINGS

Affiliated Local & Number: _____

Recording Secretary: _____

Address, Postal Code: _____

Number of Delegates entitled to: _____

Would you prefer that all mailings/emails regarding Winnipeg Labour Council meetings/elections go right to delegates? **yes/no**. If you choose yes, please including either their mailing address or email address.

| NAME | ADDRESS, CITY, PC/EMAIL ADDRESS |
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| ALTERNATES: | |
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PLEASE PRINT