

APPLICATION FOR AFFILIATION
With the
WINNIPEG LABOUR COUNCIL

Name of Applicant Union

Address and Postal Code of Applicant Union

Date of Application

The above named organization hereby makes application to be accepted into affiliation with the Winnipeg Labour Council, C.L.C.

Total membership of the applicant union is _____

Effective date of affiliation is _____

It is understood that when this application is approved by the Labour Council, the applicant union will be informed as to the number of delegates they are entitled to, as per our by-laws, and will be supplied with delegate credential forms.

SIGNED ON BEHALF OF THE ABOVE NAMED ORGANIZATION:

President: _____

Secretary: _____

ALL CORRESPONDENCE FOR THIS ORGANIZATION TO BE SENT TO:

Name, Address and Postal Code

PER CAPITA –45ø per member, per month

***When this application is completed, mail to:
Winnipeg Labour Council, 504—275 Broadway, Winnipeg, MB R3C 4M6***