

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

Total membership of the applicant union is _____

Effective date of affiliation is _____

It is understood that when this application is approved by the Winnipeg 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 the delegate credential forms.

SIGNED ON BEHALF OF THE ABOVE NAMED ORGANIZATION:

President: _____

Recording Secretary: _____

ALL CORRESPONDENCE FOR THIS ORGANIZATION TO BE SENT TO:

Name, Address, Postal Code

PER CAPITA - 50¢ per member, per month

Please forward this application, as well as the officers list to:

Winnipeg Labour Council
504-275 Broadway
Winnipeg, MB R3C 4M6