

APPLICATION FOR AFFILIATION

Date:		
Name of Union and Local #		
Street Address	City/Town	Postal Code
Phone Number	Email	
the Saskatoon & District Labo	on hereby makes an application bur Council. nization:	n to be accepted into affiliation with
It is understood that when this	s application is received and ap to the number of delegates to v	oproved by the Labour Council, the
Signed by:	Position/T	itle:
President:		disconnection of the second of
Vice-President(s)	E Commence of the Commence of	
Recording Secretary	year of the second seco	
Financial Secretary		
Secretary-Treasurer		
All correspondence for this ur	nion to be sent to:	
Name	Phone	
Mailing Address		
 Email		



MONTHLY REPORT OF AFFILIATION FEES

Mail payment to: Saskatoon & District Labour Council 110B – 2103 Airport Drive Saskatoon, Saskatchewan S7L 6W2

Name of Union_____ Local #____

MONTH	# OF MEMBERS	@.32 =	REMITTANCE
		@.32 =	\$
*		@.32 =	\$
		@.32 =	\$
		@.32 =	\$
		@.32 =	\$
Make cheques paya	: a <u>ble to:</u> Saskatoon and Dist		
Make cheques paya			
Please complete:		rict Labour Coun	
Make cheques paya Please complete: Union President:	able to: Saskatoon and Dist	rict Labour Coun	cil