APPLICATION FOR AFFILIATION
to the

Saskatchewan Federation of Labour

Saskatchewan Federation of Labour, CLC
220 – 2445 13th Avenue
Regina, SK S4P 0W1
Phone: 306-525-0197
www.sfl.sk.ca or email sfl@sfl.sk.ca

Date: _____

The members of _____ Local No. _____
(Union Name)

Chartered by the _____
(Name of National/International Union)

hereby request affiliation with the Saskatchewan Federation of Labour of the Canadian Labour Congress.

We enclose payment in the amount of $ _____ as one month's per capita for _____ members at **$1.17** per member for the month of _____.

Key Contact Information

Union Mailing Address: _____

Union Email Address: _____

Ranking Officer: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Payment/Finance Officer: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Staff/Alternate Contact: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Name of company and nature of business: _____

_____
(Ranking Officer Signature)

_____
(Secondary Officer Signature)

Make cheques payable to Saskatchewan Federation of Labour, CLC.

FOR OFFICE USE ONLY

Date Received: _____

Executive Council Consideration Date: _____

Approval Date: _____