

APPLICATION FOR AFFILIATION  
to the



**SASKATCHEWAN**  
Federation of Labour

Saskatchewan Federation of Labour, CLC,  
220 – 2445 13<sup>th</sup> Avenue  
REGINA SK S4P 0W1  
Phone: 525-0197  
[www.sfl.sk.ca](http://www.sfl.sk.ca) or email [sfl@sfl.sk.ca](mailto:sfl@sfl.sk.ca)

DATE: \_\_\_\_\_

The members of \_\_\_\_\_ Local No. \_\_\_\_\_  
(Union name in full)

Chartered by the \_\_\_\_\_  
(Name of Parent Body)

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

We enclose a cheque (or money order) in the amount of \$ \_\_\_\_\_ as payment of one month's  
per capita for \_\_\_\_\_ members at **\$1.17** per member for the month of \_\_\_\_\_

**Name of Officers**

**President:** \_\_\_\_\_ Address: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax/e-mail: \_\_\_\_\_

**Recording Secretary:** \_\_\_\_\_ Address: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax/e-mail: \_\_\_\_\_

**Financial Secretary:** \_\_\_\_\_ Address: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax/e-mail: \_\_\_\_\_

**MAILING ADDRESS OF LOCAL UNION:** \_\_\_\_\_

(Postal Code)

(Phone)

(Fax and e-mail)

Name of company(ies) and nature of business(es): \_\_\_\_\_

\_\_\_\_\_  
(President)

\_\_\_\_\_  
(Recording Secretary)

**Make cheques payable to:** Saskatchewan Federation of Labour, CLC.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Executive Council Consideration Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_