

APPLICATION FOR AFFILIATION
to the



SASKATCHEWAN
Federation of Labour

Saskatchewan Federation of Labour, CLC,
220 – 2445 13th Avenue
REGINA SK S4P 0W1
Phone: 525-0197 Fax: 525-8960
www.sfl.sk.ca or email 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: _____

Address _____ Phone: _____ Fax/e-mail _____

Financial Secretary: _____ Address: _____

Address _____ 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: _____