



Sudbury & District Labour Council

Labour's Voice in the Community

Conseil du Travail de Sudbury et du District

La voix des travailleurs dans la communauté

DUES REMITTANCE FORM

For the Sudbury District Labour Council to credit your affiliation correctly, you must return this form with your payment

Date of your remittance: _____

Union: _____ Local: _____

Address: _____

President: _____ or local contact person

Telephone: _____ Fax: _____ Secure? Yes No

Email: _____

Dues enclosed for the year / month(s): _____

Amount enclosed: \$3.00 x _____ members per year = _____

OR

\$0.25 x _____ members x _____ months = _____

Please make your cheque payable to the *Sudbury and District Labour Council*

Delegate's Names:

Please make any changes necessary. NEVER leave this section blank.

Where an organisation has up to **333** members, that affiliated organisation is entitled to **3** delegates. Each additional **333** members entitles an organisation to **1** additional delegate.

The names submitted on this form will normally be the *only* means used to determine whether your delegates will be recognised at meetings.

1. _____ 2. _____
(First Delegate) (Second Delegate)

3. _____ 4. _____
(Third Delegate) (Fourth Delegate)

Please attach additional pages as necessary. Total number of pages submitted: _____

The Sudbury and District Labour Council appreciates your support

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