



VANCOUVER and DISTRICT LABOUR COUNCIL



APPLICATION FOR AFFILIATION

Local Union Name and Number:	
Mailing Address:	
Phone	
Fax	
E-mail	
Website	
Number of Members: (number of members being counted for per capita)	
Type of Work Membership Employed In (inc. Location(s)):	
President's/Chairperson's Name – main contact (inc. contact info if different than union office):	
Secretary Treasurer's Name – secondary contact (inc. contact info if different than union office):	

Dated at _____, BC this _____ day of _____, 20____.

Name _____

Title _____

kmr
cope378

020 – 1880 Triumph Street, Vancouver, BC, Canada, V5L 1K3
Phone: 604-254-0703 Email: office@vdlc.ca