

KINGSTON & DISTRICT LABOUR COUNCIL

P.O. Box 35058, KINGSTON, ONTARIO, K7L 5S5

Phone: 613-305-4285

Email: kingstonlabourcouncil@gmail.com

chartered by the Canadian Labour Congress in 1956

2 0 2 3

UNION _____ LOCAL _____ WORKPLACE _____

President _____ Phone _____

Email _____ Cell _____

| PAY BY MONTH | # of members | | Per Capita | Amount |
|-----------------------|--------------|----------|-----------------|--------|
| Jan | | X | \$0.30 = | |
| Feb | | X | \$0.30 = | |
| March | | X | \$0.30 = | |
| Apr | | X | \$0.30 = | |
| May | | X | \$0.30 = | |
| June | | X | \$0.30 = | |
| July | | X | \$0.30 = | |
| Aug | | X | \$0.30 = | |
| Sept | | X | \$0.30 = | |
| Oct | | X | \$0.30 = | |
| Nov | | X | \$0.30 = | |
| Dec | | X | \$0.30 = | |
| | | | TOTAL = | |
| OR PAY BY YEAR | | X | \$3.60 = | |
| | | | TOTAL = | |

Please make cheque payable to Kingston and District Labour Council

DELEGATES: 2 delegates for the first 150 members or less. 1 additional delegate for each additional 100 members or major fraction thereof. Maximum # of delegates **not to** exceed **6** regardless of total membership.

1. Delegate name: _____ Phone: _____

Email: _____ Cell: _____

2. Delegate name: _____ Phone: _____

Email: _____ Cell: _____

3. Delegate name: _____ Phone: _____

Email: _____ Cell: _____

4. Delegate name: _____ Phone: _____

Email: _____ Cell: _____

5. Delegate name: _____ Phone: _____

Email: _____ Cell: _____

6. Delegate name: _____ Phone: _____

Email: _____ Cell: _____