

Affiliation Form for Local Unions

The following Local Union hereby makes application for affiliation with the Minnesota AFL-CIO:

Local Union Name and Number _____

Does your organization maintain a full-time staffed office? (circle one) YES NO

Local Union Information *(List preferred mailing address if not a full-time staffed office):*

Address: _____ E-mail: _____

_____ Web Site: _____

Phone: _____ Add'l Contact: _____

Fax: _____

International Union Affiliation: _____

Minnesota Area Labor Council/Regional Labor Federation Affiliation:

The following are the duly-elected officers of our organization:

President

Financial Secretary-Treasurer

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

The monthly per capita fee for the Minnesota AFL-CIO is \$1.10 per member per month, payable monthly.

Enclosed, please find our check in the amount of \$_____ for _____ members for the month(s) of _____, 20_____.

(After affiliation, your local union will be sent a monthly per capita statement.)

NOTICE: Contributions or gifts to the Minnesota AFL-CIO are not tax deductible as charitable contributions for Federal Income Tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code.

We are pleased to welcome you to affiliation with the Minnesota AFL-CIO!