



## Application for Affiliation to the Nova Scotia Federation of Labour, CLC

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(please print)

Date: \_\_\_\_\_

Union: \_\_\_\_\_

Local: \_\_\_\_\_ Number of Members: \_\_\_\_\_

The above named local union hereby makes application to be accepted into affiliation with the Nova Scotia Federation of Labour, CLC. Total membership of the local in Nova Scotia is:

Name of Employer: \_\_\_\_\_

Local President: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vice President: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secretary: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

All correspondence for the local should be directed to: \_\_\_\_\_

Phone: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signed on behalf of the local union \_\_\_\_\_

Position: \_\_\_\_\_

***Per capita tax for one month of 0.81 cents per member per month must accompany this form.***