



1064 Borden Avenue,
Kelowna, B.C., V1Y 6A8
Chartered by the Canadian Labour Congress
www.okanaganlabour.org

Application for Affiliation with the North Okanagan Labour Council

Date: _____

Name of Union Organization _____

Address: _____

Mailing Address if different from above: _____

Phone _____

Email _____

The above named organization hereby makes application to be accepted into affiliation with the **North Okanagan Labour Council**.

Total Membership of the applicant organization _____

President _____

Vice President _____

Secretary Treasurer _____

Recording Secretary _____

President/Authorized Signature: _____

Date signed: _____