

SAULT STE. MARIE AND DISTRICT CUPE COUNCIL
Council Delegate Credential Form

THIS IS TO CERTIFY THAT:

NAME: _____
(Please print)

ADDRESS: _____ APT. #: _____

CITY: _____ POSTAL CODE: _____

PHONE: Home: _____ Work: _____

Union: _____ Cell: _____

EMAIL ADDRESS: _____

Has been elected in compliance with the Constitution of the SAULT STE. MARIE AND DISTRICT CUPE COUNCIL, chartered by the Canadian Union of Public Employees to represent and serve as a delegate for:

NAME OF LOCAL: _____ LOCAL #: _____

Signed this _____ day of _____ 20 _____

This delegate's term of office will expire in _____ at which time we will inform you of our new delegates

President

Secretary

Please forward completed form to:

Sault Ste. Marie and District CUPE Council
c/o CUPE Area Office
Suite 606, 421 Bay Street
Sault Ste. Marie, Ontario
P6A 1X3