FORM B: ORIGINALLY-QUALIFYING INFORMATION OF UNION

THE LABOUR RELATIONS ACT THE MANITOBA LABOUR BOARD

Full name of L	ocal Union:
Address:	
If a local brand	ch of a parent union, state whether parent union is
Interna	ational? or Provincial?
Full name of p	arent union:
Address of par	rent union:
Date of issue of	f local union's charter:
Names and ad	dresses of principal office-holders:
	Name Address
President:	
Vice-President	:
Secretary:	
Treasurer:	
Business Agen	t:
ATTACH:	 Copy of Constitution. Copy of General By-laws. Copy of local union's charter. Copy of local union's general by-laws.
0	er is to be produced so that Board officer will be able to certify that he has compared it with d the copy correct).

I _______ secretary of the above-named local union hereby certify the correctness of the documents and of the information now filed.

(Impress Union Seal)

Secretary

DL-d-10