



MANITOBA LABOUR BOARD

Suite 500, 5th Floor – 175 Hargrave Street, Winnipeg, Manitoba, Canada R3C 3R8

T 204 945-2089 F 204 945-1296

www.manitoba.ca/labour/labbrd

FORM B: Originally-Qualifying Information of Union

THE LABOUR RELATIONS ACT

Full name of local union: _____

Address: _____

If a local branch of a parent union, state whether union is

International _____ National _____ or Provincial _____

Full name of parent union: _____

Address of parent union: _____

Date of issue of local union's charter: _____

Names and addresses of principal office-holders:

Name	Address
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President:

Vice-President:

Secretary:

Treasurer:

Business Agent:

- ATTACH:**
1. Copy of Constitution.
 2. Copy of General By-laws.
 3. Copy of local union's charter.
 4. Copy of local union's general by-laws.

(Original charter is to be produced so that Board Officer will be able to certify that he has compared it with copy and found the copy correct).

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

Secretary