Application for Membership with NC State AFL-CIO

Please print clearly or type. Mail your completed application and payment to NC State AFL-CIO, PO Box 10805, Raleigh, NC 27605. Have questions? Call 919-833-6678.



A. Local Union Information

Union name and local #: (ex. UAW 3520)

Union mai	iling address:							
Union pho	one:							
Union e-m	nail:							
B. Office		tion (President	OR Unit Chair and Finar	ncial Offic	er only)			
Complete	Home address	:						
Complete	Mailing addre	SS:						
Primary phone and type:					☐ mobile ☐ home ☐ work			
Primary email:				Secor	Secondary email:			
Check one	box:	□ Preside	nt / Director (circle one)		Financial Office	er		
Full name:	:							
Complete	Home address	::						
Complete	Mailing addre	SS:						
Primary phone and type:				□ mo	□ mobile □ home □ work			
Primary er	Primary email:				Secondary email:			
Check one	box:	□ Preside	nt / Director (circle one)		Financial Office	r		
•	nent Details n is hereby ma	de for member One	ship with the state an	(# mem	oers x \$0.05 ea.)	Month	 Year	
			th (# members x \$1.10		•			
Addit	·		tional) (# members x s			\$		
			e CLC(s) with which y			how many r	nembers (# or %):	
ENC:	EP:	GSH:	SENC: C	CMLC:	TLC:	TRI:	WNC:	
Signature:	gnature: Title: _					Dat	e:	



