

Application for Membership with North Carolina State AFL-CIO

Please print clearly or type. Please read before completing and complete in full. Have questions? Call 919-833-6678.

A. Council Information

Council name (ex. ABC District 1): _____

Union mailing address: _____

Union phone: _____

Union email: _____

B. Officer Information (President / Director and Financial Officer only)

Full name: _____

Complete Home address: _____

Complete Mailing address: _____

Primary phone and type: _____ ☐ mobile ☐ home ☐ work

Primary email: _____ Secondary email: _____

Check one box: ☐ President / Director ☐ Financial Officer

Full name: _____

Complete Home address: _____

Complete Mailing address: _____

Primary phone and type: _____ ☐ mobile ☐ home ☐ work

Primary email: _____ Secondary email: _____

Check one box: ☐ President / Director ☐ Financial Officer

C. Payment Details

Application is hereby made for affiliation with the state and local AFL-CIO, to be made effective the month and year of

_____, _____
Month Year

Enclosed is a check made out to "NC State AFL-CIO" for the annual dues of \$40.

Signature: _____ Title: _____ Date: _____

Mail your completed application and payment to NC State AFL-CIO, PO Box 10805, Raleigh, NC 27605.