Application for Membership with NC State AFL-CIO

Fill out, print, sign, then 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	ling address:							
Union pho	ne:							
Union e-m	ail:							
B. Office Full name:	ers Informa	tion (President	OR Unit Chair and F	inancial Offi	cer only)			
Complete	Home address	5:						
Complete	Mailing addre	ss:						
Primary phone and type:					□ mobile □ home □ work			
Primary email: Secondary email								
Check one	box:	□ Preside	nt / Director (circle	one) \square	Financial Off	icer		
Full name:								
Complete	Home address	5:						
Complete	Mailing addre	ss:						
Primary phone and type:					□ mobile □ home □ work			
Primary en	rimary email:				Secondary email:			
Check one	box:	□ Preside	nt / Director (circle	one)	Financial Off	icer		
Application Addit	ional subsequ Enclo	One Effective monent months (op	ship with the state e-time application th (# members x \$ tional) (# member made out to "NC \$	fee (# men 51.10 ea., C rs x \$1.10 e State AFL-C	nbers x \$0.05 ea. LC dues included a. x mos. IO" for a total of	Month)) ;	, Year	
			pership (refer the CLC(s) with which				members (# or %):	
ENC:	EP:	GSH:	SENC:	SP:	TLC:	TRI:	WNC:	
Signature:			т	itle:		Dat	to:	



Central Labor Councils (CLCs)of North Carolina

