

CUPE Fraser Valley District Council

Serving members of the Canadian Union of Public Employees in the Fraser Valley since 1963

DELEGATE CREDENTIAL FORM

THIS IS TO	CERTIFY TH <i>A</i>	AT:		
NAME:				
ADDRESS:				
			POSTAL CODE:	
PHONE:	Home:		Cell:	
District Cou		d by the Can	By-Laws & Policies of the Fadian Union of Public En	
NAME OF U	NION:		LOCAL #:	
Signed this _		_ day of	20	A.D.
President: _				
Secretary: _				