



AFFILIATION REMITTANCE FORM

CUPE Local # _____ Date _____

Local Treasurer Name and Address _____

Email: _____

Per capita to be paid quarterly: March 31, June 30, September 30, December 31

Per Capita for Quarter ending _____

MONTH	NUMBER OF MEMBERS	RATE	TOTAL
		@ \$0.30	
		@ \$0.30	
		@ \$0.30	

From: AEEC Bylaws, March 11, 2020, Article 11.1

Total Remittance _____

Cheque # _____

Comments:

Submit To: Treasurer:
 Janet Riopel, Local 1661
 Box 5478
 Westlock, ABT7P 2P5
 Email: aeec.treasurer@gmail.com