



## DUBUQUE AREA LABOR-MANAGEMENT COUNCIL

*“Working together for a better community”*

P.O. Box 14, Dubuque, IA 52004-0014  
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### General membership application

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Internet website: <http://www.> \_\_\_\_\_

Nature of business or work conducted or performed by employees or members  
\_\_\_\_\_

Chief executive officer \_\_\_\_\_

#### *Official representative to the Labor-Management Council:*

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### *Other names for mailing list:*

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

*(For additional names, please use the back)*

Total number of employees or members in the area \_\_\_\_\_

Collective bargaining contracts, dates of contract expiration, and number of employees/members in bargaining units:

<u>Bargaining unit or employer</u>	<u>Contract expiration date</u>	<u># of employees or members covered</u>
_____	_____	_____
_____	_____	_____

*(For more room, use the back)*

Thank you for your time and cooperation.