



# DUBUQUE AREA LABOR-MANAGEMENT COUNCIL

*“Working together for a better community”*

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## Associate membership application

Date \_\_\_\_\_ Type of membership: \_\_\_\_\_ Organization \_\_\_\_\_ Individual

Name \_\_\_\_\_

Phone number \_\_\_\_\_ FAX number \_\_\_\_\_

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

Website address \_\_\_\_\_

E-mail address \_\_\_\_\_

Nature of business/work conducted/performed by employees or members (organizations).  
Your title and organizational affiliation (individuals).

Chief executive officer (organizations) \_\_\_\_\_

*Official representative to the Council (organizations)*

<u>Name</u>	<u>Title</u>	<u>E-mail address</u>
_____	_____	_____

Address (if different from above) \_\_\_\_\_

*Other names for mailing list (organizations only):*

<u>Name</u>	<u>Title</u>	<u>E-mail address</u>
_____	_____	_____

Address (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Total number of employees or members in Dubuque area (organizations) \_\_\_\_\_