

DUBUQUE AREA LABOR-MANAGEMENT COUNCIL

"Working together for a better community"

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## **General membership application**

Name of organization				
Mailing address				
Internet website: <u>http://www.</u>				
Nature of business or work cor	nducted or perfo	rmed by emp	bloyees or mer	nbers
Chief executive officer				
Official representative to the Labor-Management Council:				
Name		Title		
Address				
Phone:				
Other names for mailing list:				
Name		Title		
Address				
Phone:	FAX:		_E-mail:	
Name		Title		
Address				
Phone:				
(For additional names, please use the back)				
Total number of employees or members in the area				
Collective bargaining contracts in bargaining units:	s, dates of contra	act expiratior	n, and number	of employees/members
Bargaining unit or employer		Contract expiration o	date	# of employees or members covered
	(For more roo	om, use the k	back)	

Thank you for your time and cooperation.