



CREDENTIAL UNIFOR SKILLED TRADES COUNCIL



We hereby certify that the following person has been duly elected as a Skilled Trades Delegate OR Alternate to represent the specified Skilled Trades Area Sub-Council or Local Union and to participate at the regularly called meetings of the Unifor Skilled Trades Council for the specified three (3) year term.

(CHECK ONE BOX)

NAME OF DELEGATE _____ OR NAME OF ALTERNATE: _____

Date:	_____ DD/MM/YYYY _____
Full Address & Postal Code:	Street: _____
	City: _____ PR: _____
	Postal code: _____
Phone Number(s):	Cell: _____
	Home: _____
	Work: _____
Email Address(s):	
Local Number:	
Trades Area Sub-Council:	
Company / Employer:	
Trade:	
3 Year Term:	From: _____ DD/MM/YYYY _____
	To: _____ DD/MM/YYYY _____

APPROVED BY (Local Union Executive Officer):

Print Name & Title: _____

Signature: _____

Date: _____

Instruction: For new and changes of delegates. This form should be completed by the Skilled Trade member and approved by a Local Union Officer. Once this is done, submit the form to trades@unifor.org or give to a member of the Skilled Trades Credentials Committee.