

## Small Local Assistance Application

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Please note as per the CUPE Manitoba Constitution, this is limited to locals of fifty (50) members or less.

Local #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Delegate's Name: \_\_\_\_\_

Number of Members: \_\_\_\_\_

Has your local received Small Local Assistance in the past?

Yes      If so, when? \_\_\_\_\_

No



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**Has the delegate attended CUPE Manitoba Convention before?**

Yes      If so, when? \_\_\_\_\_

No

**Please describe the delegate's union involvement.**

**Financial Circumstances: Please comment on your local's financial circumstances (i.e. total cost of sending a delegate, transportation, lost wages, registration, etc.). Please include a copy of your latest Trustees' Report for the CUPE Manitoba Executive's information.**

**Educational Needs of the Local: Please explain how the Convention will benefit your local.**

**Signature of Local President: \_\_\_\_\_**

**Please submit directly to the CUPE Manitoba office:**

**704-275 Broadway, Winnipeg, MB R3C 4M6**

