

CREDENTIAL REGISTRATION FORM

NAME OF MEMBER:	
ADDRESS OF MEMBER:	
E-MAIL ADDRESS OF MEMBER:	
☐ DELEGATE	
☐ OBSERVER	
LOCAL W	VORKPLACE
	(Employer)
Total # of Local Members	_
If Local is under 50 members, is requested	being made for Small Local Assistance?
☐ YES	
□ NO	
Signature of PRESIDENT	Signature of RECORDING SECRETARY
Signature of FRESIDENT	Signature of RECORDING SECRETARY
SELF-IDENTIFICATION	
Management and the second seco	advidabile na sistem ta vista familia Familia
If you are a member of any of these groups ar Representatives at their respective caucus me	nd wish to register to vote for the Equity eetings during Convention, mark the appropriate
squares below:	3
☐ WOMAN/PERSON WHO IDENTIF	IES AS WOMAN
☐ LBGTQ2+	
☐ PERSON WITH A DISABILITY	
☐ YOUNG MEMBER (35 YRS OLD OR YOUNGER)	
☐ INDIGENOUS	
RACIALIZED	

<u>CREDENTIAL REGISTRATION FORM:</u> To be completed for each delegate and observer. Submit form via e-mail to CUPE Manitoba Administrative Assistant <u>LucyB@cupe.mb.ca</u>.

REGISTRATION FEE: \$250.00 per Delegate or Observer

To be mailed via cheque to the CUPE Manitoba Office:

704-275 Broadway

Winnipeg, Manitoba. R3C 4M6

REPRESENTATION:

In accordance with Article VIII, Section 5. a.) of the CUPE Manitoba Constitution, representation shall be as follows:

"At all conventions of CUPE Manitoba, representation from affiliated locals shall be:

- Two (2) delegates for the first 100 members or less;
- One (1) delegate for **each** additional 100 members up to 2500 members, or fraction thereof, and;
- One (1) delegate for **each** additional 500 members or major fraction thereof"