

CREDENTIAL

TO THE

**Vancouver Island District Council**

CHARTERED BY THE Canadian Union of Public Employees & the C.L.C.

**THIS IS TO CERTIFY THAT:**

**Name:**

**Address:**

 (home & mailing address)

 (city, province) (postal code)

**Home ph:** **Cell ph:** **Work ph:**

**Email:**

**Signature**

**Name of Delegate replaced:**

**Local No:** a chartered local union of the Canadian Union of Public Employees, affiliated to the Vancouver Island District Council, has elected the above Delegate to represent the local, in compliance with the, Constitution and By-Laws.

**Date Signed:**

**President of Local:**

**Secretary of Local:** (Local Seal or Stamp)

**Address of Local:**

 **Signature of Delegate**

By providing the above information, you agree that your name, address and contact information can be freely used by the CUPE Vancouver Island District Council in the conduct of its business.