



Anthony Marco
President

Tom Atterton
Secretary

PER CAPITA REMITTANCE FORM

Date: _____

Affiliate name & local union/branch/lodge number:

This remittance covers 12 months (1 year) from _____ to

_____ at \$0.21 per member / month for _____

members (note total amount below) **OR** fill in the chart:

MONTH	MEMBERSHIP	PER CAPITA	REMITTANCE
		0.21	\$
		0.21	\$
		0.21	\$
		0.21	\$
		0.21	\$
		0.21	\$

Please continue on back of the form or on an additional page if more space is required.

Total Remittance: \$ _____

I request a receipt ☐

Name of contact: _____

Email and/or telephone: _____

Address: _____

PLEASE MAKE CHEQUES PAYABLE TO:
HAMILTON AND DISTRICT LABOUR COUNCIL
51 Adair Avenue South, Hamilton ON L8H 1B5

Additional information, contact hamiltonlabourcouncil@gmail.com