



MANITOBA LABOUR BOARD
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FORM B: Originally-Qualifying Information of Union

THE LABOUR RELATIONS ACT

Union Name: _____

Address: _____

International _____ National _____ Provincial _____ Local _____

Local Union (if Applicable): _____

Local Address: _____

Date of issue of Local Union's Charter: _____

Names and addresses of principal office-holders

President :

Address:

Email:

Term of Office:

Vice-President:

Address:

Email:

Term of Office:

Secretary:

Address:

Email:

Term of Office:

Treasurer:

Address:

Email:

Term of Office:

Business Agent:

Address:

Email:

Term of Office:

ATTACH: (.pdf electronic format preferred)

- 1. Constitution**
- 2. General By-Laws**
- 3. Local Union's Charter**
- 4. Local Union's General By-Laws**

I _____ **Secretary of the above-named Local Union**
hereby certify the correctness of the documents and of the information now filed.

Secretary