

Cornwall & District Labour Council
P.O. Box 295 Cornwall Ontario K6H 5T1 613- 932-1943
President Louise Lanctot, louiselanctot18@gmail.com

Per Capita Tax Invoice

Union Name: _____ Local#: _____

Payment for the period of **2026**.

January – March

Total members _____ x .20 x _____ months = _____

April – June

Total members _____ x .20 x _____ months = _____

July – September

Total members _____ x .20 x _____ months = _____

October – December

Total members _____ x .20 x _____ months = _____

Name and Address of local: _____

Treasurer: _____

Please make cheques payable to:

Cornwall & District Labour Council P.O. Box 295 Cornwall K6H 5T1

Delegate Information: 2 delegates for the first 100 members + 1 per hundred.

Delegate name

Delegate Name

contact #'s

contact #'s

e-mail address or mailing address

e-mail address or mailing address

The meeting notices should be e-mailed to the local union ____ or to the delegates address _____. Notices will be e-mailed to delegate or local union e-mail address.

Union & Local

Union Address

contact #'s

union e-mail address (if any)