



## Per Capita Form

Local No. \_\_\_\_\_ Date of Cheque \_\_\_\_\_ Cheque No. \_\_\_\_\_

*Please check which period is covered by this payment:*

\_\_\_\_\_ 1<sup>st</sup> (January to June)  
\_\_\_\_\_ 2<sup>nd</sup> (July to December)

Average monthly membership:

\_\_\_\_\_ full-time members x \$0.20 = \_\_\_\_\_ x 6 months = \$ \_\_\_\_\_

\_\_\_\_\_ part-time members x \$0.10 = \_\_\_\_\_ x 6 months = \$ \_\_\_\_\_

**Total Payment \$** \_\_\_\_\_

Please help us keep our records by providing the following information if changed since last submission. Thank you.

Name  
Address  
E-mail

Treasurer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

President \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please make cheques payable to **Central Western Ontario District CUPE Council** and mail to:

**Mark Goodwin  
2790 Herrgott Road  
P.O. Box 374  
St. Clements, Ontario  
N0B 2M0**

**PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS**