

## **Eastern Great Lakes District CUPE Council Per Capita Form 2026**

Local Name:

Local #: \_\_\_\_\_ Date of Cheque: \_\_\_\_\_ Cheque #: \_\_\_\_\_

**Average monthly membership: \_\_\_\_\_ members x \$0.25 x \_\_ 12 \_\_  
months = \$ \_\_\_\_\_**

Help us keep our records up to date by providing the following information:

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Treasurer Name, Email Address

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President Name, Email Address

As per Article 5.01 of our bylaws, each affiliate is entitled to four (4) voting delegates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please make cheques payable to: **Eastern Great Lakes District CUPE Council (EGLDCC)** and mail to: Jillann Rothwell, 45 Michael Grass Cres, Kingston, ON K7M 2W2

Questions? Email Secretary-Treasurer Jillann Rothwell [jrothwell45@gmail.com](mailto:jrothwell45@gmail.com)