

# Central Pennsylvania Area Labor Federation, AFL-CIO AFFILIATION FORM

Return to:  
CENTRAL PA ALF  
4031 Executive Park Drive  
Harrisburg, PA 17111  
[www.centralpaalf.com](http://www.centralpaalf.com)

(Please Print)

|               |                              |
|---------------|------------------------------|
| Today's date: | AFL Official you spoke with: |
|---------------|------------------------------|

## CONTACT INFORMATION

|            |        |   |   |  |
|------------|--------|---|---|--|
| Last name: | First: | <input type="checkbox"/> Mr.<br><input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss<br><input type="checkbox"/> Ms. |  |
|------------|--------|---|---|--|

|                 |        |                         |
|-----------------|--------|-------------------------|
| Street address: | Email: | Office phone:<br>(    ) |
|-----------------|--------|-------------------------|

|           |       |        |           |
|-----------|-------|--------|-----------|
| P.O. box: | City: | State: | ZIP Code: |
|-----------|-------|--------|-----------|

|               |   |                       |
|---------------|---|-----------------------|
| Title/Office: | Is the address above:<br><input type="checkbox"/> Chief officer home address <input type="checkbox"/> Union hall/office | Cell phone:<br>(    ) |
|---------------|---|-----------------------|

|   |        |                         |
|---|--------|-------------------------|
| Person responsible for billing:<br>Last name: | First: | Office phone:<br>(    ) |
|---|--------|-------------------------|

|                         |       |        |      |
|-------------------------|-------|--------|------|
| Address (if different): | City: | State: | Zip: |
|-------------------------|-------|--------|------|

|               |        |                       |
|---------------|--------|-----------------------|
| Title/Office: | Email: | Cell phone:<br>(    ) |
|---------------|--------|-----------------------|

## UNION INFORMATION

(Please provide as accurate information as is possible.)

|                |        |  |
|----------------|--------|--|
| International: | Local: |  |
|----------------|--------|--|

|                                    |  |  |
|------------------------------------|--|--|
| Address (if different than above): |  |  |
|------------------------------------|--|--|

|  |  |                                  |  |
|--|--|----------------------------------|--|
| Is your local affiliated with the state AFL-CIO? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, do you plan to affiliate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|----------------------------------|--|

Please indicate CLCs where your union has a membership base by checking the appropriate boxes. Indicate the number of members in each checked region in the box below it.

|  |   |  |                                    |                                     |                                 |
|--|---|--|------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Blair-Bedford | <input type="checkbox"/> Johnstown Regional | <input type="checkbox"/> Harrisburg Regional | <input type="checkbox"/> Lancaster | <input type="checkbox"/> York-Adams | <input type="checkbox"/> Centre |
|  |   |  |                                    |                                     |                                 |

|                               |
|-------------------------------|
| Total members for your local: |
|-------------------------------|

## STATEMENT OF AFFILIATION

The above named union, by signature of the officer below, hereby affiliates with the Central PA Area Labor Federation, appropriate CLCs, and agrees to make timely per capita tax payments and participate actively in the work of the labor movement.

|               |       |      |
|---------------|-------|------|
| Union officer | Title | Date |
|---------------|-------|------|