

Georgia AFL-CIO

Application for Affiliation

Georgia State AFL-CIO

501 Pulliam St., S.W.

Suite 549

Atlanta, Ga. 30312

Email: gaaficio@bellsouth.net

Phone 404.525.2793

Fax 404.525.5983

Date _____

Union Name and Local Number

We wish to affiliate our organization with the Georgia State AFL-CIO by paying the prescribed amount of **75** cents per member per month. Enclosed is our check in the amount of \$ _____ to pay Per Capita for _____ members for the period beginning ____/____/____ through ____/____/____ .

Street Address of our Organization

City & State Zip Code Phone Number Fax Number

Name & Title Officer to which Correspondence should be addressed:

Street Address, P.O. Box or Route #

City, State & Zip Code Phone Number Fax Number

E Mail address