KANAWHA VALLEY LABOR COUNCIL, AFL-CIO

DELEGATE CREDENTIAL FORM

	Please check the appropriate box(s)
Active Member Re	tired Member Union Retiree Club Member ARA Member
	ALTERNATE
Att	ention: Labor Council Officers
(Please Print)	
International Union/Local Uni	wise, this is to certify that the below member ofion # is in good standing and has been duly selected to a Delegate/Alternate Delegate to the Kanawha Valley Labor Council,
Name:	Home Address:
City, State & Zip:	
	Cell:
Chair or ARA President:	
	Title:
Name:	Title: Cell:
Name:Email:	Cell:
Name:Email:	Cell:
Name:	Cell:
Name:	Cell:Cell:
Name:	Cell:
Name:	Cell: