Texas Gulf Coast Area Labor Federation, AFL-CIO

# 

2506 Sutherland St. Houston, TX 77023

Phone: (713) 923-9473 | Email: [info@gcaflcio.org](mailto:info@gcaflcio.org) | Website: [www.gcaflcio.org](http://www.gcaflcio.org)

# 

# **Application For Affiliation / Affiliate Update**

# Thank you for affirming your commitment to solidarity with other Local Unions in our area by affiliating with the Texas Gulf Coast Area Labor Federation (TX GC ALF), AFL-CIO. Your support and active involvement in the federation will help us build a stronger and more effective labor movement for working families across the region.

# Please complete the information below and send this application with a check for your first month’s per capita payment to the address above:

## Union Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| International Union: |  | | | Local # or Council: | |  | |
| Street (Mailing) Address: |  | | | | | | |
|  | | | | | | |
| City: |  | State: |  | | Zip: | |  |

## Principal Officers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary Officer: |  | Title: |  | | |
| Email: |  | Office Phone: |  | Cell: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial Officer: |  | Title: |  | | |
| Email: |  | Office  Phone: |  | Cell: |  |

NOTE: Please indicate which of the above officers should be on our list for official communications and which of the officers should receive per capita tax statements, notice of delinquency and similar communications:

COMMUNICATIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PER CAPITA TAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Administrative Assistant’s Name: |  | Title: |  |
| Email: |  | Office  Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Officer Signature: |  | Date: |  |

## Monthly Per Capita Calculation

|  |  |
| --- | --- |
| Number of Members: |  |
| (x) Per Capita Rate | $0.63 |
| Total Per Capita Payment: |  |

Note: Affiliated local unions in good standing shall be entitled to representation based on per-capita paid according to the following schedule:

50 members or less: 1 Delegate 401 -700 members: 5 Delegates

51 – 100 members: 2 Delegates 701- 1100 members: 6 Delegates

101 -200 members: 3 Delegates One (1) additional delegate for each additional 500 members or

201 -400 members: 4 Delegates major fraction thereof above 1100

**Designation of Delegates**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Delegate # 1 Name |  | Union Title |  | | |
| Home Street Address |  | | | | |
|  | | | | |
| City |  | State |  | Zip Code |  |
| Email |  | Cell Phone |  | Work Phone |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Delegate #2 Name |  | Union Title |  | | |
| Home Street Address |  | | | | |
|  | | | | |
| City |  | State |  | Zip Code |  |
| Email |  | Cell Phone |  | Work Phone |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Delegate #3 Name |  | Union Title |  | | |
| Home Street Address |  | | | | |
|  | | | | |
| City |  | State |  | Zip Code |  |
| Email |  | Cell Phone |  | Work Phone |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Delegate #4 Name |  | Union Title |  | | |
| Home Street Address |  | | | | |
|  | | | | |
| City |  | State |  | Zip Code |  |
| Email |  | Cell Phone |  | Work Phone |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Delegate #5 Name |  | Union Title |  | | |
| Home Street Address |  | | | | |
|  | | | | |
| City |  | State |  | Zip Code |  |
| Email |  | Cell Phone |  | Work Phone |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Delegate #6 Name |  | Union Title |  | | |
| Home Street Address |  | | | | |
|  | | | | |
| City |  | State |  | Zip Code |  |
| Email |  | Cell Phone |  | Work Phone |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Delegate #7 Name |  | Union Title |  | | |
| Home Street Address |  | | | | |
|  | | | | |
| City |  | State |  | Zip Code |  |
| Email |  | Cell Phone |  | Work Phone |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Delegate #7 Name |  | Union Title |  | | |
| Home Street Address |  | | | | |
|  | | | | |
| City |  | State |  | Zip Code |  |
| Email |  | Cell Phone |  | Work Phone |  |