IAMAW Local 99

Contractor Dues Form

Please Check (✓) the applicable box for your Region				
Central Southern		North West Territories		
Grande Prairie		Oilsands / Wood Buffalo		

Branch/Facility Number :	Manager's Name :
Steward's Signature :	Steward's Name :
	Steward's Phone Number :
	Steward's Email :

Date Worked	Contractor	Contract Worker's Name	Description of Work

Approver's Name :	Once completed, send copy either by	
Approver's Employee# :	TEXT : (587)989-2989	- ACX
Approver's Signature :	EMAIL : or jbrydges@iamaw99.ca	