IAMAW LOCAL 99

Branch/Facility Number:

Steward's Signature:

Approver's Name:

Approver's Employee#:

Approver's Signature:

Contractor Dues Form

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

Manager's Name:

Steward's Name:

			Steward's Phone Number :		
			Steward's Email :		
Date Worked	Contractor	Contract Worker's Name		Description of Work	
GL Code :			Once completed, send copy of	either hy	

TEXT:

EMAIL:

(587)989-2989

or

jbrydges@iamaw99.ca