Minnesota State Retiree Council Affiliation Form

2018

The following organization hereby makes application for affiliation with the Minnesota State Retiree Council, AFL-CIO:

Your Organization name: ____________________________________________________________

We are (check one):  ___ The retiree organization of a local union.
       ___ A regional or statewide retiree organization of a single union.
       ___ A multi-union retiree organization of a regional or local labor federation.
       ___ A union that keeps retirees in its membership after retirement.
       ___ A union paying an affiliation fee for our retiree group or organization.
       ___ A union of active members only, affiliating to support the work of the Minnesota State Retiree Council.

Does your organization maintain a full-time staffed office? (circle one)  YES  NO

Organization’s preferred mailing address
Name of contact & position or title: _______________________________________________________

Address: ___________________________________________________________________________
       ___________________________________________________________________________
       ___________________________________________________________________________

Phone: ___________________________  Fax: ___________________________
E-mail: _____________________________________________________________
Web site: _____________________________________________________________

The annual per capita fee for the Minnesota State Retiree Council AFL-CIO is as follows, payable annually (Jan. 1—Dec. 31).

<table>
<thead>
<tr>
<th>Affiliated Membership</th>
<th>Annual Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–25 members</td>
<td>$5.00</td>
</tr>
<tr>
<td>26–50 members</td>
<td>$10.00</td>
</tr>
<tr>
<td>51–75 members</td>
<td>$15.00</td>
</tr>
<tr>
<td>76–100 members</td>
<td>$25.00</td>
</tr>
<tr>
<td>101–250 members</td>
<td>$50.00</td>
</tr>
<tr>
<td>251–500 members</td>
<td>$75.00</td>
</tr>
<tr>
<td>500+ members</td>
<td>$100.00</td>
</tr>
</tbody>
</table>
Number of members in our organization: ______

Check enclosed in the amount of: $____

Please make check payable to:
Minnesota State Retiree Council, AFL-CIO

And please send check, along with this form, to
Minnesota State Retiree Council, AFL-CIO
175 Aurora Avenue, Saint Paul, MN 55103

Request: If the name and contact information for your organization’s principal officer is different from the preferred mailing address given on the other side of this form, please write the principal officer’s information here:

Principal officer’s name & position: __________________________________________________________

Principal officer’s mailing address: __________________________________________________________

Principal officer’s phone: _________________________________

Principal officer’s email address: __________________________________________________________

Please remember that, in order to have delegates and alternates at the Sept. 20, 2018 State Retiree Council Convention, organizations must be up-to-date with their affiliation fees.

Thank you for affiliating with the Minnesota State Retiree Council AFL-CIO!