

Alternate Delegate Credential

This is to certify that

Local Number_____

Has elected the following delegate to the

75th Annual Convention of the Canadian Union of Public Employees - Alberta Division to be held in Calgary, March 19-21, 2025

Name		
Surname		First
Address		
Town/City	Province	Postal Code
Delegate Email(Each dele	gate MUST provide their own email address in order to recei	ive convention communications & documents.)
Phone		
I am interested in sitting	as a member of the following Conve	ention Committee:
☐ General Resolutions	☐ Constitution Resolutions ☐ B	alloting
☐ Credentials	☐ Sergeant-at-Arms	
lf you need any mobility	support, please contact: clay.gordon	@cupeab.org
Please provide me with	childcare information \square	
Local President Signature	Local Treasu	urer Signature
Registration can be includ	led with payment or emailed separately	to: clay.gordon@cupeab.org
Please make the cheque	payable to CUPE Alberta and send it to	:
CUPE Alberta Division Clay Gordon Secretary-Tr #105 - 811 Manning Road Calgary, AB T2E 7L4		
Registration is \$400 per d	elegate.	

No:_____