



**MANITOBA LABOUR BOARD**  
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## **FORM B: Originally-Qualifying Information of Union**

### **THE LABOUR RELATIONS ACT**

**Union Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

International \_\_\_\_\_ National \_\_\_\_\_ Provincial \_\_\_\_\_ Local \_\_\_\_\_

**Local Union (if Applicable):** \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**Date of issue of Local Union's Charter:** \_\_\_\_\_

#### **Names and addresses of principal office-holders**

**President :**

**Address:**

**Email:**

**Term of Office:**

**Vice-President:**

**Address:**

**Email:**

**Term of Office:**

**Secretary:**

**Address:**

**Email:**

**Term of Office:**

**Treasurer:**

**Address:**

**Email:**

**Term of Office:**

**Business Agent:**

**Address:**

**Email:**

**Term of Office:**

**ATTACH: (.pdf electronic format preferred)**

- 1. Constitution**
- 2. General By-Laws**
- 3. Local Union's Charter**
- 4. Local Union's General By-Laws**

I \_\_\_\_\_ Secretary of the above-named Local Union hereby certify the correctness of the documents and of the information now filed.

\_\_\_\_\_  
**Secretary**