



Supplemental Form 1 - Section 23

2. Constituent employee organizations information (continued):

Name of constituent employee organization:

Name of contact person:

Mailing address:

Apartment (if applicable):

Number and street:

City:

Province or Territory:

Postal code:

Telephone number: ()

Fax number: ()

E-mail address:

Name of constituent employee organization:

Name of contact person:

Mailing address:

Apartment (if applicable):

Number and street:

City:

Province or Territory:

Postal code:

Telephone number: ()

Fax number: ()

E-mail address:

Name of constituent employee organization:

Name of contact person:

Mailing address:

Apartment (if applicable):

Number and street:

City:

Province or Territory:

Postal code:

Telephone number: ()

Fax number: ()

E-mail address: