

NAPE Local Report Form

Date of Meeting Where Changes Were Approved:	Local #:
Local Name:	Date Local Formed:
Location of Local:	Number of Members in Local:
President:	E-Mail:
Address:	Residence:
Town: Prov. Postal Code:	Business:
Vice-President:::	E-Mail:
Address:	Residence:
Town: Prov. Postal Code:	Business:
Secretary:	E-Mail:
Address:	Residence:
Town: Prov. Postal Code:	Business:
Treasurer:	E-Mail:
Address:	Residence:
Town: Prov. Postal Code:	Business:

SHOP STEWARDS: (Address, Telephone # and E-mail)
(List all Stewards including the President if considered automatic due to position)

1.
2.
3.
4.
5.

OCCUPATIONAL HEALTH AND SAFETY COMMITTEE: (Address and Telephone #s)

1.
2.
3.

LABOUR MANAGEMENT COMMITTEE: (Address and Telephone #s)

1.
2.
3.

**PLEASE USE BACK OF FORM IF ADDITIONAL SPACE IS REQUIRED.
PLEASE ENSURE THAT YOU FORWARD ALL INFORMATION AS THIS INFORMATION MUST BE
FORWARDED TO EMPLOYER.**

LABOUR MANAGEMENT COMMITTEE: (Continued)

4.

5.

6.

7.

OCCUPATIONAL HEALTH AND SAFETY COMMITTEE: (Continued)

4.

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SHOP STEWARDS: (Continued)

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