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KENTUCKY DIRECTORY OF LABOR ORGANIZATIONS

UNION LOCAL

Union Name: _____

Local, District, or Lodge Number: _____

Please put asterick (*) beside main contact person

President or Business Manager or Other: _____

Name (Mr., Ms.) _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Secretary or Treasurer or Financial Secretary or Other: _____

Name (Mr., Ms.) _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Membership: _____

Date of Elections: _____

Contracts: (Company and City)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Contact Person used to Gather Information and Other Comments:

_____

_____

_____

(Please make copies as necessary)

To submit bymail, print the completed form and mail to:

Kentucky Department of Labor
Office of Labor Management Relations and Mediation
Labor Directory Information
1047 U.S. Hwy 127 South
Frankfort, KY 40601