

CAMPAIGN REQUEST FORM

I/We am requesting campaign approval under Article 26.2 of the CUPE Local 5167 Bylaws.

Campaign Scope: _____

Time frame of Campaign (Time frame is to be no longer than 2 years; then to resubmit a new request if required): _____

Campaign Lead: _____ Email: _____

Proposed size of team: _____

Amount of funds being requested: \$ _____

Intent to apply to CUPE National for a cost share: (Mark "X") Yes _____ No: _____

If no, why not? _____

Outline of approximate budget (leave of absences, materials, etc.): _____

I/We agree to our responsibility to make a monthly report to the General Membership and report all expenses. (Mark "X") Agree _____ Disagree _____

OFFICE USE ONLY:

Approved by Membership on: _____ Funds approved: \$ _____