

LOCAL STEWARDS



Local Number: _____

NAME	ADDRESS	TELEPHONE
(1) _____	_____	(H) _____
PSAC ID _____	_____	(O) _____
E-MAIL _____	_____	(C) _____
(2) _____	_____	(H) _____
PSAC ID _____	_____	(O) _____
E-MAIL _____	_____	(C) _____
(3) _____	_____	(H) _____
PSAC ID _____	_____	(O) _____
E-MAIL _____	_____	(C) _____
(4) _____	_____	(H) _____
PSAC ID _____	_____	(O) _____
E-MAIL _____	_____	(C) _____
(5) _____	_____	(H) _____
PSAC ID _____	_____	(O) _____
E-MAIL _____	_____	(C) _____
(6) _____	_____	(H) _____
PSAC ID _____	_____	(O) _____
E-MAIL _____	_____	(C) _____
(7) _____	_____	(H) _____
PSAC ID _____	_____	(O) _____
E-MAIL _____	_____	(C) _____

Completed QUESTIONNAIRE to be returned to: UNE, 150 Isabella, Ste 900, Ottawa, ON K1S 1V7