ISSUED BY: O.C.H	.U. Secretary-Treas	surer	
TO: THE TREASURER OF CUPE LOCAL			
This form can also be	downloaded and coin a copy for your r	ompleted digitally: go to	que for per capita tax payment. https://ochu.on.ca/resources-riginal to admin@ochu.on.ca,
The following must be	e completed by the	local union Treasurer:	
Date this report sent:			
For the month of:			
Per Capita rates effect	rive July 1, 2024 to	September 30, 2024	
Description	NUMBER O MEMBERS		TOTAL
FULL TIME (30 hrs plus per month)		X	
PART TIME (30 hours plus per mo	nth)	X	
CASUAL (under 30 hrs per month)		X	
TOTAL			
*As per OCHU Bylav wage increase negotia		er capita rate has change	d to reflect the percentage
CERTIFIED CORRE	CT:	(Signature of Local	Treasurer)
Treasurer Address:	Name: Address: City: Province: Local: Postal Code: Phone Numbers: Home: Work: Email:		