

## SUPPLIES REQUEST

Please note: Delegates not holding current credentials must first clear old credentials before new supplies are sent

Name: \_\_\_\_\_ Del #: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov./Postal: \_\_\_\_\_

**Supplies Needed:**

- |  |  |
|--|--|
| <input type="checkbox"/> Numbered 12-month IWW Membership Cards<br><input type="checkbox"/> Un-numbered Continuation Cards<br><input type="checkbox"/> Maximum Dues Stamps<br><input type="checkbox"/> Regular Dues Stamps<br><input type="checkbox"/> Minimum Dues Stamps<br><input type="checkbox"/> Subminimum Dues Stamps<br><input type="checkbox"/> Organizing Fund Voluntary Assessment Stamps<br><input type="checkbox"/> Voluntary Assessment Stamps<br><input type="checkbox"/> 50¢ Press Stamps | <input type="checkbox"/> \$5 Press Stamps<br><input type="checkbox"/> Membership Buttons<br><input type="checkbox"/> "One Big Union" pamphlets<br><input type="checkbox"/> IWW Constitutions<br>(as amended through Jan. 1, 2001)<br><input type="checkbox"/> Delegate Report Forms<br><input type="checkbox"/> Branch Report Forms<br>If you are buying a membership button for a member who has lost his or her first button, please send \$1. |
|--|--|

| HEADQUARTERS USE ONLY |         | U/C       |
|-----------------------|---------|-----------|
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| ADJUSTMENTS           |         | POSTAGE   |
| BACKORDER             | SHIPPED | FILLED BY |

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