

Name of Labor Union (English):

Name of Labor Union (Chinese):

Established Date: dd / mm / yy

Current Session: Session No. _____ Membership Representative (check the suitable one)

Term of Office: From dd / mm / yy to dd / mm / yy

Number of Members: (M)_____, (F) _____, (Total) _____

Labor Union's Tel.:

Fax:

Name and position of the person in touch:

Labor Union's Address (Chinese):

Labor Union's Address (English):

Labor Union's Mailing Address:

Tax ID Number:

Labor Insurance Certificate Number:

Health Insurance Unit's Code:

Which city's General Union did you join (check the suitable one)? Tainan City General Union Tainan General Labor Tainan City Labor General Labor Tainan Confederation of Trade Unions Tainan City Labor Union General Labor

*Labor's E-mail Address (please fill in in order to contact you easier):

*Labor's Website (Please fill in if there is one):

Director and Supervisor List:

Position	Name (Chinese)	Name (English)	Contact Address	Contact Number (cellphone)	Gender	Date of Bith (dd/mm/yy)
Chairman						
Director						
Director						
Director						
Director						
Director						
Director						
Director						
Director						
Director						
Supervisor Convener						
Supervisor						
Supervisor						

Informant:

Contact Number:

*Please send this back to Ms. SHI-RONG throught e-mail q6qq39@mail.tainan.gov.tw after completing the form, thank you!