



DLC Sign In Sheet

DLC : _____

Food Provided? Yes No

Location: _____

Vendor Name: _____

Meeting Type: Membership E-board Steward Worksite

DATE	
/	/

	Name	Personal Email	Work Phone	Cell Phone*	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

**By providing my phone number, I understand that SEIU Local 1000, SEIU, and affiliates may use automated calling technologies and/or may text message me on my cell phone on a periodic basis. SEIU will never charge for alerts, but carrier rates may apply.*