

Name of Labor Organization:	File Number:
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18. Subunit Information <i>(To be completed by all filers)</i>	Additional Page(s) ____ of ____
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Name of Subunit:	SBM Case Number:
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Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
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Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
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