



KORCLC AFFILIATION PACKET 2026

BUILDING A UNITED

LABOR MOVEMENT IN EAST TENNESSEE

DEAR UNION LEADER,

Thank you for affirming your commitment to solidarity with other unions in our area by affiliating with the Knoxville-Oak Ridge Central Labor Council. Your support and active involvement in the Council will help us build a stronger and more effective labor movement for our members and their families.

Businesses know the benefits of working together to advance an agenda that all too often puts profits over working people. Joining our Council gives unions and workers the power to fight back and to advance a pro-worker agenda.

IN SOLIDARITY,

Beau Hawk

BEAU HAWK, PRESIDENT



**KNOXVILLE-OAK RIDGE AREA
CENTRAL LABOR COUNCIL AFL-CIO**

1522 BILL WILLIAMS AVE
KNOXVILLE TN 37917
info@korclc.org

PRESIDENT
BEAU HAWK

VICE PRESIDENT
SHANE SMITH

FINANCIAL SECRETARY
JOSH HUTCHESON

RECORDING SECRETARY
OLIVE FAIRWEATHER


GUARD
BUCK COKER

CHIEF TRUSTEE
K.C. BARKER

AMERICAN FEDERATION OF LABOR & CONGRESS OF INDUSTRIAL ORGANIZATIONS

KORCLC AFFILIATION FORM A. Application

INSTRUCTIONS

SEND TO:  1522 Bill Williams Ave, Knoxville TN 37917 (Paper) OR:  info@korclc.org (PDF)

Complete your application below and send the completed form with Form B. Delegate Credentials (also included in your Affiliation Packet) and your first per capita payment.

1. ORGANIZATION DETAILS

☐ LOCAL UNION ☐ CONSTITUENCY GROUP ☐ RETIREE ORGANIZATION

UNION NAME		National or International	UNION INITIALISM	ATU, OPEIU, etc.
LOCAL NAME	If applicable	LOCAL DESIGNATION	Local, Lodge, etc.	
STREET ADDRESS			COUNTY	
CITY		STATE	ZIP	
EMAIL	PHONE		WEBSITE	

2. PAYMENT CALCULATION

See Form C.3. Per Capita Payments 

NO. OF MEMBERS	×	PER CAPITA RATE \$0.42	=	PAYMENT TOTAL \$
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3. BILLING CONTACT

INVOICE FORMAT: ☐ PAPER ☐ PDF

NAME		TITLE
EMAIL	WORK	MOBILE

4. PRINCIPAL OFFICER

INVOICE FREQUENCY: ☐ MONTHLY ☐ QUARTERLY ☐ ANNUAL

NAME		TITLE
EMAIL	WORK	MOBILE

5. AUTHORIZATION

SIGNATURE	DATE
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KORCLC AFFILIATION FORM B. Delegate Credentials

INSTRUCTIONS

SEND TO:  1522 Bill Williams Ave, Knoxville TN 37917 (Paper) OR:  info@korclc.org (PDF)

Please identify any delegates (or alternates) you are sending to the Council by completing the credentials below. See Form C.1. Representation for how many delegates you are eligible to send.

1. AFFILIATED ORGANIZATION

 **KEEP A COPY!**

AFFILIATE NAME	<i>Name of organization sending delegates</i>
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2. DELEGATE A

☐ DELEGATE ☐ ALTERNATE

NAME		TITLE
EMAIL	WORK	MOBILE

3. DELEGATE B

☐ DELEGATE ☐ ALTERNATE

NAME		TITLE
EMAIL	WORK	MOBILE

4. DELEGATE C

☐ DELEGATE ☐ ALTERNATE

NAME		TITLE
EMAIL	WORK	MOBILE

5. DELEGATE D

☐ DELEGATE ☐ ALTERNATE

NAME		TITLE
EMAIL	WORK	MOBILE

6. AUTHORIZATION

SIGNATURE	DATE
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KORCLC AFFILIATION FORM C. Reference Page

INSTRUCTIONS

SEND TO:  1522 Bill Williams Ave, Knoxville TN 37917 (Paper) OR:  info@korclc.org (PDF)

Please refer to the relevant information for affiliates of the Knoxville-Oak Ridge Central Labor Council provided below. If you have any additional questions, ask us by emailing info@korclc.org!

1. REPRESENTATION

Number of Members = Delegates Entitled 


1-50	2	651-750	9	1,351-1,450	16	2,051-2,150	23
51-150	3	751-850	10	1,451-1,550	17	2,151-2,250	24
151-250	4	851-950	11	1,551-1,650	18	2,251-2,350	25
251-350	5	951-1,050	12	1,651-1,750	19	2,351-2,450	26
351-450	6	1,051-1,150	13	1,751-1,850	20	2,451-2,650	27
451-550	7	1,151-1,250	14	1,851-1,950	21	2,651-2,950	28
551-650	8	1,251-1,350	15	1,951-2,050	22	2,951-3,250	29

2. JURISDICTION

By County (15) 


Anderson	Blount	Campbell	Claiborne	Cumberland
Grainger	Hamblen	Jefferson	Knox	Loudon
Morgan	Roane	Scott	Sevier	Union

3. PER CAPITA PAYMENTS

Number of Members x \$0.42 Per Month 

Per capita tax is \$0.42 per member for all dues-paying union members who regularly work within the Council's jurisdiction and who are not already affiliated with another Council. One month's per capita tax is due at the time of affiliation. Payment for succeeding months is due by the end of the month.

4. MEETINGS (2026)

2nd Monday 5:30 PM @ 1522 Bill Williams Ave 

Jan 12	Feb 09	Mar 09	Apr 13	May 11	Jun 08
Jul 13	Aug 10	Sep 14	Oct 12	Nov 09	Dec 14

KORCLC AFFILIATION FORM D. Event Request

INSTRUCTIONS

SEND TO:  1522 Bill Williams Ave, Knoxville TN 37917 (Paper) OR:  info@korclc.org (PDF)

Complete your request below and return the completed form to 1522 BILL WILLIAMS AVE, KNOXVILLE TN 37917 or email us with the PDF version attached to info@korclc.org.

1. ORGANIZATION DETAILS

KORCLC AFFILIATE? ☐ YES ☐ NO


NAME				<i>Name of organization making the request</i>	
STREET ADDRESS			COUNTY		
CITY		STATE	ZIP		
EMAIL	PHONE		WEBSITE		

2. EVENT DETAILS

ROOM(S) REQUESTED: ☐ MEETING ROOM ☐ CONFERENCE ROOM

DESCRIPTION		<i>Brief description of the event: union meeting, etc.</i>		DATE	
START TIME	END TIME		DURATION <i>3 hours, etc.</i>		

3. RECURRING EVENT

Complete only if this is a recurring event 

FREQUENCY	<i>Monthly, weekly, etc.</i>	ON THE...	DAY OF WEEK	<i>If applicable</i>
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4. POINT OF CONTACT

Complete Form E for a building key 


NAME		<i>Point of contact for the request</i>		TITLE	
EMAIL	WORK		MOBILE		

5. AUTHORIZATION

SIGNATURE		<i>Point of contact for the request</i>		DATE	
SIGNATURE		<i>Authorizing KORCLC Officer</i>		DATE	

KORCLC AFFILIATION FORM E. Key Agreement

INSTRUCTIONS

SEND TO:  1522 Bill Williams Ave, Knoxville TN 37917 (Paper) OR:  info@korclc.org (PDF)


By completing and signing this agreement, you acknowledge that any and all building keys released to you are the property of KORCLC. This agreement may be terminated by either party at any time.

1. ORGANIZATION DETAILS

KORCLC AFFILIATE? ☐ YES ☐ NO

NAME			<i>Name of organization making the request</i>		
STREET ADDRESS			COUNTY		
CITY		STATE	ZIP		
EMAIL	PHONE		WEBSITE		

2. KEY DETAILS

Completed by KORCLC Officer only, for each key released 

KEY TYPE	<i>Master key, offices, meeting room, etc.</i>	KEY NUMBER
KEY TYPE		KEY NUMBER
KEY TYPE		KEY NUMBER
KEY TYPE		KEY NUMBER

3. POINT OF CONTACT

KORCLC OFFICER OR DELEGATE? ☐ YES ☐ NO

NAME		TITLE
<i>Name of individual responsible for key(s)</i>		
EMAIL	WORK	MOBILE

4. AUTHORIZATION

SIGNATURE	<i>Point of contact for the request</i>	DATE
SIGNATURE	<i>Authorizing KORCLC Officer</i>	DATE