



Canadian Worker Cooperative Federation
Fédération Canadienne des Coopératives de Travail

THE CANADIAN WORKER CO-OPERATIVE FEDERATION

(Incorporated in 1992)

ASSOCIATE MEMBERSHIP APPLICATION FORM

I hereby apply for Associate Membership in the Canadian Worker Co-operative Federation and agree to comply with its bylaws and policies.

Name (Organization) (please print)

Address

Telephone

_____ Email _____

Name of designated representative _____

Signature of President/CEO _____

Date _____ Witness _____

Approved by the Board of Directors of the Canadian Worker Co-operative Federation:

Date _____ Executive Director _____