



**CWCF**  
**FCCT**

**CANADIAN  
WORKER  
CO-OP  
FEDERATION**

**FÉDÉRATION  
CANADIENNE DES  
COOPÉRATIVES  
DE TRAVAIL**

## ASSOCIATE MEMBERSHIP APPLICATION FORM

CANADIAN WORKER CO-OPERATIVE FEDERATION

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

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESIGNATED REPRESENTATIVE:

\_\_\_\_\_  
*(please print name)*

\_\_\_\_\_  
*(signature)*

PRESIDENT:

\_\_\_\_\_  
*(please print name)*

\_\_\_\_\_  
*(signature)*

DATE: \_\_\_\_\_

- Enclosed is our initial membership fee of \$\_\_\_\_\_ (*\$100 + applicable G/HST of your province*).
- We have completed and enclosed the required Declaration of Directors and Officers **and** Authorized Signing Officers forms.
- If requested by CWCF*, we have enclosed a Letter of Opinion regarding the status of our securities as Qualified Investments for the purpose of being held in a registered plan.
- YES, our organization would like to be included on CWCF's website listing.
- YES, our organization would like to receive CWCF's electronic newsletter.

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

DATE: \_\_\_\_\_

EXECUTIVE DIRECTOR: \_\_\_\_\_  
*(signature)*