tel: (403) 276-8250 / fax: (403) 338-0226

hazel@canadianworker.coop



ASSOCIATE MEMBERSHIP APPLICATION FORM

I hereby apply for associate membership in the Canadian Worker Cooperative Federation and agree to comply with its bylaws and policies.

ORGANIZATIONAL MEMBERS Name of organization (please print)		_
		-
	Fax	
Email	Website	-
Additional email addresses for mem approximately 6 times/year + CWCF	bers would like to be on the CWCF low-frequency e- Conference notice):	-mail list (news
		-
Signature of President/CEO		-
Date	Witness	-
Enclosed is \$500, associate me	embership dues, plus GST/HST.	
I have completed the attached	web site info form (last page).	
Approved by the Board of Directors	of the Canadian Worker Co-operative Federation.	
Date	Executive Director	-

INFORMATION TO BE PUBLISHED ON THE CWCF'S WEBSITE

As a resource for our members, colleagues and supporters, we wish to maintain a comprehensive list of links to co-op development organizations, member co-ops in Canada, worker co-ops in the U.S. and relevant international organizations on our website.

As a member of CWCF, your co-op or organization will be listed on our website. Please respond to following. We do not want our co-op or group to be listed on the CWCF website.		
We do not currently have a website and our contact information to publish instead on the CW website is:	/CF	
Same as in our application above, or		
The following:		
Address		
TelFax		
Email		
We have some electronic photos of our co-op location/members at work that we will forward from inclusion on the CWCF's website.	or	