

## REGIONAL FEDERATION MEMBERSHIP APPLICATION FORM

Our regional federation hereby applies for membership in the Canadian Worker Cooperative Federation and agrees to comply with its bylaws and policies.

Name of organization (ple	ase print)
Address	
Tel	Fax
Email	Website
Name of designated repre	sentative
Signature of President/CE	0
Date	Witness
Enclosed is \$500, reç	ional federation membership dues, plus GST/HST.
I have completed the	attached web site info form (next page).
Approved by the Board of	Directors of the Canadian Worker Cooperative Federation.
Date	Executive Director

Solidarity Works / La Solidarité nous réussit

## 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 the following. \_\_\_\_ We do **not** want our co-op or group to be listed on the CWCF website. A short description (2-5 lines) of our co-op's business or organization to be included on CWCF's website is: We do **not** currently have a website and our contact information to publish **instead** on the CWCF website is: \_\_\_ Same as in our application above, or \_\_\_ The following: Address \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ \_\_\_\_ We have some electronic photos of our co-op location/members at work that we will forward for inclusion on the CWCF's website.