

WORKER CO-OP MEMBERSHIP APPLICATION FORM

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

Name of Co-op (please print)	
Address	
Tel	Fax
Email	Website
Name of designated representative	/e
Signature of President/CEO	
Date	Witness
Enclosed is :	
initial membership fee (\$50),	plus GST/HST of your province.
I have completed the attached	d web site info form (next page).
Approved by the Board of Directo	rs of the Canadian Worker Cooperative 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 the 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	