



After you have completed this application, send it to the IWW General Administration. The application will be passed on to the General Executive Board for review and approval. Please attach any additional information that you think might be helpful in the GEB's consideration. You will be sent an IWW Shop Card for display in your workplace upon approval of this application by the Board. Please note that the Shop Card and IWW Universal Label are the property of the union. The IWW Constitution provides: "The use of the Universal Label shall never be delegated to employers, but shall be vested entirely in our organization.... The Universal Label shall be printed only as evidence of work done by IWW members. When the label is so printed it shall be done by the authority of our organization, without the intervention of any employer. Whenever the Universal Label is placed upon a commodity as evidence of work done by Industrial Workers, it shall be accompanied by an inscription underneath the label stating what the work is that Industrial Workers have done ... and the number or numbers of their unions..."

If you are applying on behalf of a worker co-operative, please refer to **Article II, Section 4(b)** of the **IWW Constitution**. A brief statement that the shop will abide by this clause should be included in your application.

**General Information**

Name of Workplace: \_\_\_\_\_

Address: \_\_\_\_\_

City / State or Province / Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number \_\_\_\_\_

Describe products and/or services which are provided:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many workers are employed? \_\_\_\_\_

How many workers are represented by the IWW? \_\_\_\_\_

What IWW Industrial Union is your shop applying for admission to? (see list in back of IWW Constitution if in doubt)

Do you intend to use the IWW Universal Label (union bug) in any way? If so, please describe how the label will be used, to what products it will be affixed, and what steps will be taken to safeguard its integrity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Ownership

Who owns the workplace? \_\_\_\_\_

If a company, are they a subsidiary of some other firm? \_\_\_\_\_

If a nonprofit or government agency please describe the agency and its decision-making structure.

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Do you have a union contract? \_\_\_\_\_ If yes, please attach a copy.

If no, are you currently negotiating or planning to negotiate a contract for the workplace? \_\_\_\_\_

What are the major issues workers are seeking to address through the union? \_\_\_\_\_

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If you don't have a contract and don't plan to get one, how have you and how will you continue to address grievances and maintain union conditions and job control?

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Have you undertaken any job actions to secure union recognition or address conditions? If so, please describe the actions taken and the results obtained.

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Has the union been officially recognized by the employer? \_\_\_\_\_ If so, was this through voluntary recognition, through industrial action, or through a government-sponsored election?

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If any workers are related to the owner(s) or manager(s) please describe this relationship and their involvement (if any) with the union.

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### Other Unions

Are there any other unions present within the workplace? \_\_\_\_\_ If so, please describe which workers are affiliated with each union, whether it has been recognized by the employer, and what relations (if any) you have with that union.

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### Wages and Benefits

What wages and benefits are currently received by the workers applying for a shop card? (please be detailed, including different rates for workers in different job classes, etc.)

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Is the wage calculated by piece work, hourly, weekly or monthly? \_\_\_\_\_

Is there a probationary period during which workers receive different wages and/or benefits? \_\_\_\_\_

If there other unionized workplaces in your area engaged in the same line of work, are the wages and benefits comparable? (Please be as specific as possible)

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How do the wages and benefits in your workplace compare to those in unorganized workplaces in your area? (Please be as specific as possible)

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### **Union Dues and Delegates**

The IWW does not permit dues to be collected from its members by payroll deduction. All dues are collected in person from each worker each month. Workers may pay dues either through delegates within the shop or through your local Industrial Union or General Membership Branch.

You are encouraged to elect your own delegates. We recommend that one delegate be elected for each 10 workers or, where there is shift work, one delegate for each shift. If your workplace elects one or more delegates, they are required to submit monthly delegate reports to the general administration.

Do you intend to elect your own shop delegate(s)? \_\_\_\_\_

If yes, and you have already done so, please list their names, addresses, telephone numbers and IWW Card numbers. If you haven't elected delegates yet, but intend to do so, please send these particulars to the General Administration as soon as possible so that delegate supplies and credentials can be arranged.

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### **IWW Membership**

It is important for us to know how many of your co-workers are currently members of the union. Please list each worker who has signed up:

Name:	Address:	Telephone:	IWW Card Number:
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(use as many sheets as necessary; you may use the backs of this form to complete the information if you wish)

If there are workers in this workplace who are not IWW members, please list and explain for each why they haven't taken out a card and whether or not you expect them to do so in the near future.

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### Contact Information

Who are the contact persons (or delegates) for this workplace?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State or Province /Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you anticipate needing assistance from the membership or General Administration of the IWW? If so, please explain.

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Are there other workers in similar workplaces in your area who might consider organizing into the IWW? \_\_\_\_\_

This Shop Card Application has been prepared and submitted by:

Name(s) \_\_\_\_\_

Position in shop: \_\_\_\_\_

IWW Card Number: \_\_\_\_\_

Date: \_\_\_\_\_

Please Complete and Return to:  
**IWW, Post Office Box 13476, Philadelphia, PA 19101 USA**