



INDUSTRIAL WORKERS OF THE WORLD

I.W.W. Co-operative Recognition Application Form

After you have completed this application, send it to the I.W.W. General Administration. The application will be passed on to the General Executive Board (GEB) to review that all of the necessary criteria has been met before making a motion to approve your application for I.W.W. Co-operative recognition

Upon approval of this application by the Board you will be sent an I.W.W. Shop Card for display at your Co-operative. Please be aware 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..."

In order to maintain I.W.W. Co-operative recognition Co-operatives must submit an annual clearance in last quarter of every calendar year. Please refer to I.W.W. Constitution Article II I.W.W. Shops b) I.W.W. Co-operatives, and MPP Sec 8-4 Co-operative Polices 7. Failure to clear may result in recognition being withdrawn.

Once this application is completed please return to:

IWW, Post Office Box 577893, Chicago, IL 60657

Before submitting this application each Co-operative must elect, at a minimum, a Secretary Treasurer and one Delegate.

Ensure that the following are attached:

Minutes of the meeting where you have elected your officers and adopt your By-laws. MPP 8-4 2.

Unless they are read into the minutes include a copy of your Co-operatives By-laws MPP 8-4 2.

Unless included in the Bylaws attach a statement regarding the financial commitment of new members and how such a commitment is not an excessive financial barrier to joining. MPP 8-4 4.

Attach any additional information that you think might be helpful in the GEB's consideration.

Date of application _____

Contact Information

Who is the contact person for this application?

Name _____

Address: _____

City / State or Province / Postal Code: _____

Telephone: _____ E-mail _____

General Information

Name of Co-operative _____

Address: _____

City / State or Province / Postal Code: _____

Telephone: _____ E-mail _____

Describe products and/or services which are provided: _____

What I.W.W. Industrial Union is your Co-operative applying for admission to? _____

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.

All Of The Following Criteria Must Be Met Before Approval Of Your I.W.W. Co-operative Recognition Or The GEB Will Delay Recognition Until Completed

Prior to submitting this application your Co-operative shall have convened a meeting and adopted Bylaws, and elected the minimum required number of officers to fulfil the obligation under the I.W.W. Constitution. The Co-operative must elect, at a minimum, a Secretary-Treasurer and a Delegate. MPP Sec 8-4 Co-operative Policies 2. and 3.

Copies of the meeting’s minutes and adopted bylaws shall be submitted with this application.

All members of the Co-operative must be members of the I.W.W. and in good standing. I.W.W. Shops Sec 4. B) I.W.W. Co-operatives.

As a means test Co-operatives seeking I.W.W. recognition must be able to answer yes to all of the following questions:

Do the Co-operative’s Bylaws have an anti-discrimination clause(s) – no racial, religious, gender, sexual orientation, disability or ethnic discrimination bars anyone from membership? _____

Are all members recognized as equals? _____

Do all members have democratic control of the Co-operative? _____

Is the Co-operative member-owned and member-managed? _____

Is the Co-operative’s net income (income over and above expenses) redistributed back to the members based on an equitable system? _____

Is the Co-operative run for the benefit of the members? _____

Do all members have the opportunity for education and training opportunities? _____

Please list all officers, delegate(s) and members of the Co-operative:

Secretary - Printed Name	x Number	Signature	date signed
Treasurer- Printed Name	x Number	Signature	date Signed
Delegate- Printed Name	x and Delegate Number	Signature	date signed
Delegate - Printed Name	x and Delegate Number	Signature	date signed
Member- Printed Name	x Number	Signature	date signed

Member- Printed Name x Number Signature date signed

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Member- Printed Name x Number Signature date signed

This I.W.W. Co-operative Recognition Application has been prepared and submitted by:

Name(s) _____
_ (Please Print)

Position(s) within the Co-operative _____

I.W.W. X Number (s) _____

Signature(s) _____

GHQ

Minutes _____ Bylaws _____ Officer(s) _____ Delegate(s) _____

Members in good standing _____ Financial commitment of new members _____

Means test _____