



INDUSTRIAL WORKERS OF THE WORLD

I.W.W. UNION SHOP RECOGNITION APPLICATION

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 petition for I.W.W. Union Shop recognition.

Upon approval of this application by the Board your Shop will be sent an I.W.W. Shop Card for display. 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...."

In order to maintain I.W.W. Union Shop recognition Shops must maintain a minimum of 50% + 1 I.W.W. membership, and submit an annual clearance in the last quarter of every calendar year. Please refer to I.W.W. Constitution Article II I.W.W. Shops a) I.W.W. Shops, and MPP Sec 8-3 Union Shop Policy 7. Failure to clear may result in recognition being withdrawn.

Is this application for a Committee-At-Large or a Committee as part of a Branch? _____

If a Branch Committee which Branch? _____

Before submitting this application each shop must elect, at a minimum, one Delegate to sign up new members, collect dues, and submit monthly reports to GHQ.

Please ensure that the Workplace Committee meeting minutes that indicate that a majority decision was reached in favor of applying for recognition are included with this application. Also attach any additional information that the Committee thinks would be helpful in the GEB's consideration.

Once this application is completed please return to:

IWW, Post Office Box 577893, Chicago, IL 60657

Date of application _____

Contact Information

Who is the contact person for this application?

Name _____

Address: _____

City / State or Province / Postal Code: _____

Telephone: _____ Email _____

General Information

Name of Workplace _____

Address _____

City/State or Province/Postal Code _____

Telephone _____ E-mail _____

Describe the products and/or service which are provided _____

How many workers are employed? _____

How many workers are represented by the I.W.W.? _____

What I.W.W. Industrial Union is your shop 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. _____

Who owns the workplace? _____

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

If a non-profit or government agency please describe the agency and decision-making structure _____

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? _____

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? _____

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

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? _____

If any workers are related to the owner(s) or managers(s) please describe their relationships and involvement (if any) with the union. _____

Other Unions

Are there any other unions present within the workplace? _____ If yes which union(s) _____

If so, please describe which workers are affiliated with each union, whether if it has been recognized by the employer, and what relations, if any, you have with that Union. _____

Wages and Benefits

What wages and benefits are currently received by the workers applying for I.W.W. Shop recognition? Please be detailed, different rates for workers in different job classes, etc. _____

Are wages calculated by piece work, hourly, weekly, or monthly? _____

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

If there are other unionized workplaces in your area engaged in the same line of work, are the wages and benefits comparable? _____

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

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 a local Industrial Union or General Membership Branch.

As a requirement shops seeking I.W.W. recognition there must be elected a minimum of one delegate. We would recommend that one delegate be elected for each 10 workers or, where there is shift work, one delegate for each shift.

If the elected Delegate(s) have not already obtained their credentials please contact GHQ as soon as possible for Delegate Application(s)

In order for the application to proceed all shops seeking recognition must be able to answer yes to all of the following questions:

Are more than fifty percent of all eligible workers in the workplace members of the I.W.W.? _____

Are all members recognized as equals? _____

Does the workplace committee meet regularly? _____

Has the workplace committee elected a delegate for the Shop? _____

Does the workplace committee actively seek to organize for more power in the workplace? _____

Are any and all positions within the workplace committee open to all members and limited by set term lengths? _____

Please list all members requesting shop recognition and elected delegate(s)

Delegate- Printed Name	x and Delegate Numbers	Signature	date signed
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Delegate- Printed Name	x and Delegate Numbers	Signature	date signed
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Member- Printed Name	x Number	Signature	date signed
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Member- Printed Name	x Number	Signature	date signed
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Member- Printed Name	x Number	Signature	date signed
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Member- Printed Name	x Number	Signature	date signed
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Member- Printed Name	x Number	Signature	date signed
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This I.W.W. Union Shop Recognition Application has been prepared and submitted by:

Name(s) _____

_____ (Please Print)

Position in Shop _____

I.W.W. X Number _____

Signature(s) _____

GHQ

Delegate(s) _____ Shop Committee _____ GMB Contacted _____

Members in good standing _____ Minutes _____ Means test _____