



United States Federation of Worker Cooperatives

MEMBERSHIP APPLICATION

*Mail your completed application, with check for dues or a dues payment plan, to:
USFWC, PO Box 170701, San Francisco, CA 94117.*

I. General Information: all applicants fill this out

I am applying for USFWC membership as a(n):

- | | |
|--|---|
| <input type="checkbox"/> Worker cooperative | <input type="checkbox"/> Federation partner |
| <input type="checkbox"/> Democratic workplace | <input type="checkbox"/> Associate organization |
| <input type="checkbox"/> Startup Workplace | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Cooperative developer | |

Basic Information

Name of your workplace or organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Contact person(s):

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

II. Member Class Information: please fill out the appropriate section for your member class.

FOR WORKER COOPERATIVES & DEMOCRATIC WORKPLACES:

Description of your business activities, goods and/or services: _____

Legal structure of the business: _____ Year founded: _____

Annual gross sales/revenue: _____

Number of workers: paid _____ unpaid _____ full-time _____ part-time _____

Describe the process for becoming a member at your workplace.

Do you have a member-owner buy-in? If so, what is it and how is it structured?

How many full-time regular workers are full members?

Is membership available to the non-member workers?

What are the differences between members and non-member workers (e.g. compensation, decision-making power?)

Do you pay out patronage or dividends? Describe this process.

Describe how decisions are made at your workplace, and what decision-making structures (committees, meetings, etc) you have in place. Some questions to consider in your answer: How are decisions made on the department/shop floor level, on the committee level and the general level? Do you use directly democratic or representative decision-making structures, or a combination? What decision-making models do you use (majority rule, modified consensus, consensus)?

Does your workplace have an appeal process? If so, describe it.

Do you have a Board of Directors? If so, please describe the composition of your Board (number of members, terms and how they are elected/recalled) and its decision-making power.

FOR STARTUP WORKPLACE MEMBERS:

Description of your proposed business activities, goods, services: _____

When did you start planning the project? _____ What is the expected opening date? _____

Proposed legal structure of the business: _____

Estimated number of founding members: _____

Estimated gross revenue for first year of operations: _____

Do you have any of the following:

____ business plan (or feasibility study)

____ financial projections

____ preliminary bylaws or operating agreement

Please attach or send whatever startup materials you have.

Describe any preliminary structures and processes you have in place for the following:

MEMBERSHIP

Who will the members be? What is the process for becoming a member?

OWNERSHIP

Is there a member-owner buy-in and if so how will patronage dividends be distributed?

DEMOCRATIC SELF-MANAGEMENT

How will decisions be made and what decision-making structures will you put in place? Will you use directly democratic or representative decision-making structures, or a combination? What decision-making models will you use (majority rule, modified consensus, consensus)?

FOR COOPERATIVE DEVELOPERS:

Description of your business activities, goods and/or services: _____

Annual gross sales/revenue: _____

Annual revenue derived from cooperative development activities: _____

Legal structure of the business: _____ Year founded: _____

Number of workers: paid _____ unpaid _____ full-time _____ part-time _____

FOR FEDERATION PARTNERS:

Description of your organization's purpose and activities: _____

Requirements for joining your organization: _____

Are all members democratic workplaces? _____ (If not, consider joining USFWC as an Associate)

Number of member workplaces _____ Do members pay dues? _____

Legal structure of your organization (if any): _____

Year founded: _____ Annual budget (if any): _____

How are decisions made? What, if any, are the governing bodies or mechanisms for your organization?

FOR ASSOCIATE ORGANIZATIONS:

Description of your organization's purpose and activities: _____

Legal structure of your organization: _____

Year founded: _____

Number of (a)staff _____ (b)members _____ Annual budget: _____

Statement of interest in joining, and support for, the USFWC: _____

FOR INDIVIDUALS:

Statement of interest in joining, and support for, the USFWC: _____

III. Notes and additional information

Please include any information that you think is relevant to this application that we have not specifically requested above.

IV. Dues payment

Please tell us how you are paying your dues by checking one of the following options.

Full dues payment enclosed.

Amount: _____

Partial dues payment enclosed.

Proposed payment plan: _____

We want to pay all or part of our dues in labor trade.

Proposed labor trade – hours and description: _____

END OF APPLICATION
Mail to: USFWC P.O. Box 170701, San Francisco, CA 94117