

SHOP CARD APPLICATION FORM

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.
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 undertaken 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 manager(s) please describe this relationship and their involvement (if any) with the union.
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.
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.)
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)

	Un	ion Dues and Delegates	
from each v		ay pay dues either through delegate	duction. All dues are collected in perso es within the shop or through your local
or, where th		or each shift. If your workplace ele	egate be elected for each 10 workers cts one or more delegates, they are
Do you inte	nd to elect your own shop deleg	ate(s)?	
numbers. If	you haven't elected delegates y	se list their names, addresses, telep yet, but intend to do so, please ser delegate supplies and credentials	nd these particulars to the General
numbers. If	you haven't elected delegates y	yet, but intend to do so, please ser	nd these particulars to the General
numbers. If	you haven't elected delegates y	yet, but intend to do so, please ser	nd these particulars to the General
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numbers. If	you haven't elected delegates y	yet, but intend to do so, please ser	nd these particulars to the General
numbers. If Administrat	you haven't elected delegates y ion as soon as possible so that	yet, but intend to do so, please ser delegate supplies and credentials o	nd these particulars to the General can be arranged.
numbers. If Administrat	you haven't elected delegates y ion as soon as possible so that an an arrangement of your for us to know how many of y	yet, but intend to do so, please ser delegate supplies and credentials of IWW Membership	nd these particulars to the General can be arranged.

(use as many sheets as necessary; you ma	ay use the backs of this form to complete the information if you wish)
If there are workers in this workplace who a taken out a card and whether or not you exp	are not IWW members, please list and explain for each why they haven't pect them to do so in the near future.
	Ocutest Information
	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 explain.	the membership or General Administration of the IWW? If so, please
Are there other workers in similar workplace	es in your area who might consider organizing into the IWW?
This Shop Card Application has been prepa	ared and submitted by:
Name(s)	
Position in shop:	
Deter	