

CALIFORNIA WORKERS COOPERATIVE ASSOCIATION

APPLICATION FOR MEMBERSHIP

Name: _____

Name of Business: _____

Business Address: _____

Business Telephone: _____

Home Address: _____

Best Contact Telephone: _____

ACCEPTANCE FORM

I, _____, have been informed of the benefits
Print Name

and responsibilities of membership in the **California Workers Cooperative Association**. I have been informed of the by-laws under which the association operates and understand the nature of those by-laws, that include but are not limited to, the use of administrative remedies and Arbitration to resolve disputes. In consideration for the benefits of membership, I agree to join the **California Workers Cooperative Association** as of the date below. I also agree to abide by all of the association's by-laws, rules and regulations as they exist now and as they may be amended in the future.

Signature

Date