



# **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 Failure to clear may result in recognition being withdrawn.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 180195, Chicago, IL 60618**

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 \_\_\_\_\_

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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? \_\_\_\_\_

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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? \_\_\_\_\_

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

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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) \_\_\_\_\_

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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. \_\_\_\_\_

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## 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. \_\_\_\_\_

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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) \_\_\_\_\_

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## 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)

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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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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

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 \_\_\_\_\_