

National Worker Center | AFL-CIO Partnership

Application for a Certificate Affiliation

With the

American Federation of Labor and Congress of Industrial Organizations

The undersigned worker center hereby applies for a Certificate of Affiliation from the **American Federation of Labor and Congress of Industrial Organizations** in order to build unity and strength our organizations' ability to promote and enforce the rights of working people.

Name of Worker Center: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Principal Contact: _____

Position/Title: _____

Telephone Number: _____ E-mail Address: _____

(If different from above)

With which State Federation and/or Area/Central Labor Council does the worker center seek to affiliate?
For example, Illinois AFL-CIO or Greater Boston Labor Council.

The applicant worker center seeks a Certification of Affiliation in order to affiliate with the above-listed organizations. The applicant agrees to abide by the terms of its Certificate of Affiliation as set forth in the AFL-CIO rules.

Signature: _____

Name *(please print)*: _____

Title: _____

In 1-2 paragraphs, please provide concrete examples of your working relationship with the aforementioned State Federation and/or Area/Local Central Labor Council. How will your affiliation further your relationship/partnership and the work you are advancing together?

The application worker center should submit this completed form to the State Federation and/or Area/Local Central Labor Council to which the worker center is seeking to affiliate

To be filled in by the State Federation and/or Area/Central Labor Council

Approvals:

State Federation (name): _____

_____ **Approval granted.** The State Federation endorses the application and agrees that affiliations would be mutually beneficial and that the organizations have shared goals.

_____ **Approval denied.** Please explain:

Signed: _____

Print Name: _____

Title: _____

Area/Central Labor Council (name): _____

_____ **Approval granted.** The Area/Central Labor Council endorses the application and agrees that the affiliation would be mutually beneficial and that the organizations have shared goals.

_____ **Approval denied.** Please explain:

Signed: _____

Print Name: _____

Title: _____

State Federations and Area/Central Labor Councils: Forward the completed application to the national AFL-CIO for approval and issuance of certificate of affiliation. Mail, email or fax application to the attention of Rosa Lozano. AFL-CIO, 815 16th St., N.W., Washington, D.C. 20006, email: rlozano@aficio.org, fax: 202-637-5012.

To be filled in by National AFL-CIO

Application received (date): _____

Notice sent to affiliates (date): _____

Application approved: _____

Name: _____

Title: _____ Date: _____

Certificate of Affiliation issued (date): _____