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?

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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@aflcio.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): ____________________________________________________________________