

**International Domestic Workers Federation**

**Affiliation Application Form**

**A) Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Abbreviation (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Address |  |
| Phone no |  |
| Fax |  |
| E-mail |  |
| Web-site |  |

# B) Membership Information

|  |  |  |
| --- | --- | --- |
| Number of members  (domestic workers only if  you also have other members) | * Total: * Female: * Male: |  |
| Do you maintain a record of members' names and other information? |  |  |
| Do all members pay membership fees?    If not, how many pay? |  |  |
| How much are the membership fees? |  |  |
| How often are membership fees paid? |  |  |
| Do you maintain a register of membership fees paid? |  | |
| Membership Categories – (please give numbers) | 1. Live-in; 2. Part-time; 3. Migrant domestic workers: 4. Children, aged below 15: | |

# C) Organization Information

1. When was your organization established? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your organization a trade union /worker association/ coop/other (please specify)

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1. Objectives, Aims, Mission & Vision of Organization:

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1. History of Organization:

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1. Programs / main areas of work / Campaigns:

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1. Associated organizations, (if your domestic worker organization is a part of another organization or union?) If yes, what is its name?

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# D) Leadership and Contact Person(s)

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| --- | --- |
| What is the leadership structure? |  |
| Are your leaders elected by members? |  |
| Date of last election |  |
| Names and Positions of Leaders |  |
| Contact Person(s) for IDWF | * Name(s): * Emails: * Telephone no: * Skype: |

1. **If become an affiliate, how would your organization contribute to strengthening the IDWF?**

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1. **What is/are the expectation(s) of your organization to the IDWF?**

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# G) Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**H) Enclosed with this application:**

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| --- | --- |
| Copy of your constitution (set of rules) |  |
| Copy of last (audited) financial statement |  |
| Copy of registration certificate (if applicable) |  |

# I) Materials

Please also send in materials (preferably electronically) to help us understand your organization and to share between domestic worker organizations to facilitate exchange, including:

* domestic worker legislation you have proposed or passed in your city, state, or country
* model contract
* a video of your work (either a profile of a member or describing your organization or campaign)
* informational flier or pamphlet of your organization
* other

**J) IDWF Membership fees: Please refer to the Membership Fees document for information.**

Method of payment will be communicated upon approval of application.

**# End #**