

**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:
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# C) Organization Information

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

|  |  |
| --- | --- |
| 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 #**