

Center for Worker Justice of Eastern Iowa Organizational Affiliate Annual Renewal

Faith, Labor, and other Community-based affiliates of CWJ are invited annually to **RENEW** their **Organizational Affiliation** with the Center for Worker Justice of Eastern Iowa (CWJ).

As an Organizational Affiliate your organization:

❖ **Supports CWJ's mission:**

The Center for Worker Justice unites low-wage workers across race, ethnicity, and immigration status to pursue social and economic justice through education, leadership development, issue-based organizing, direct services, and community alliances.

❖ **Participates in CWJ activities and events:**

As an organizational affiliate you can send delegates to CWJ meetings, serve on CWJ leadership and issue-based committees, and/or connect your members with CWJ's volunteer network. Your involvement supports the efforts of CWJ's low-wage members to seek justice, and strengthen your connection to a diverse network of individuals and organizations in Eastern Iowa.

❖ **Contributes minimum annual dues of \$250 to help sustain CWJ's work:**

The Center for Worker Justice of Eastern Iowa is a 501(c)(3) organization that relies on financial contributions from the community to operate. Contributions from individual (low-wage) members, organizational affiliates, community donors, and grants all help to build and maintain the Center for Worker Justice as a vibrant source for justice in the community.

Renew you Organizational Affiliation with CWJ today!

To renew your affiliation, send the completed form below and dues check to: Center for Worker Justice of Eastern Iowa, P.O. Box 3268, Iowa City, IA 52244. Dues and other contributions are tax deductible. If you have questions, please contact us at 319-339-9873 or email us at info@cwjiowa.org.

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Yes! Please RENEW Our Organizational Affiliation With CWJ!

Organization Name: _____

Address: _____

Telephone Number: _____ Email: _____

Primary Contact (Name) for CWJ Correspondence: _____

Telephone of Primary Contact (if different from Above): _____

Email of Primary Contact (if different from above): _____

Minimum Annual Dues: \$250 Additional Donation: _____ Total: _____