APPLICANT

|  |  |
| --- | --- |
| ORGANISATION NAME | |
|  | |
| ORANISATION NAME AS LEGALLY REGISTERED (if different from above) | |
|  | |
| ADDRESS | |
|  | |
| ACRONYM/ABBREVIATION | COUNTRY |
|  |  |
| LEGAL FORM | TAX IDENTIFICATION NUMBER OR VAT NUMBER |
|  |  |
| WEBSITE | EMAIL |
|  |  |

|  |  |
| --- | --- |
| DATE FOUNDED (day/month/year) | TELEPHONE |
|  |  |

CONTACT PERSON

|  |  |
| --- | --- |
| CONTACT NAME | POSITION |
|  |  |
| TELEPHONE | EMAIL |
|  |  |

Individual contact information which you supply to us will be used to deliver our newsletters, important press releases, invitations to events, and may be used to contact you for statistical information and networking within the cooperative movement. We will not sell your information. We will not share your personal information with anyone outside of the International Cooperative Alliance structures and partners. For further information on how your information is used, how we maintain the security of your information, and your rights, [click here](https://ica.coop/en/terms-and-conditions) or email [dataprotection@ica.coop](mailto:dataprotection@ica.coop).

|  |  |
| --- | --- |
|  | Yes, I understand and accept the data protection policy of the International Cooperative Alliance and consent to my information being used as per the policy. |

ELIGIBILITY CRITERIA

The applicant confirms that the following information is correct (check all that applies):

|  |  |
| --- | --- |
|  | It has a legal personality |
|  | It is properly constituted under the laws and practices of its country of origin |
|  | It supports the ICA’s purpose (Article 3 in the ICA’s [Articles of Association](https://www.ica.coop/en/media/library/governance-materials/ica-articles-association)) |
|  | It agrees to the obligations of membership, including payment of the annual subscription fees as per the ICA’s Articles of Association and Internal Rules [here](https://www.ica.coop/en/about-us/our-structure/alliance-rules-and-laws). |

Choose the type of membership applying for and then complete the relevant section below.

|  |  |  |
| --- | --- | --- |
|  | Full Member (with voting rights) | |
|  |  | Applicant meets the criteria to join as a Full Member, but wishes to join as an Associate Member for a trial period not exceeding two (2) full years. Complete the “Full Member” section below. |
|  | Associate Member | |

Full Member

The applicant confirms that the following information is correct (check all that applies):

|  |  |
| --- | --- |
|  | It operates on a cooperative basis in a manner consistent with ICA’s [Statement on the Cooperative Identity](http://ica.coop/en/whats-co-op/co-operative-identity-values-principles) |

It is one of the following (indicate which best describes your organisation type):

|  |  |
| --- | --- |
|  | a primary cooperative whose members are natural persons, business organisations or both |
|  | an entity that operates as a cooperative but is located in a country that does not have a cooperative statute |
|  | an entity that operatesas a cooperative but that cannot be legally structured as a cooperative owing to the regulatory regime governing the sector in which it operates |
|  | an entity organised as a mutual association |
|  | a sectoral or multi-sectoral second-tier co-operative, federation, union or association organised at the subnational or national level the majority of whose members are cooperatives or mutual associations |
|  | a sectoral or multi-sectoral confederation organised at the subnational or national level, the majority of whose members are second-tier cooperatives or cooperative or mutual federations, unions or associations |
|  | a supranational or international federation, union or association of cooperative organisations. |

Associate Member

The applicant confirms that the following information is correct (check all that applies):

|  |  |
| --- | --- |
|  | It does not meet the criteria to join as a Full Member |
|  | It is a supporter of cooperatives and ICA’s [Statement on the Cooperative Identity](http://ica.coop/en/whats-co-op/co-operative-identity-values-principles) |

It is one of the following (indicate which best describes your organisation type):

|  |  |
| --- | --- |
|  | an organisation, not itself a cooperative, that is either owned and controlled entirely by cooperatives or the majority of whose owners are cooperatives |
|  | an institution, not itself a cooperative, that offers training or education programmes in the field of cooperatives or conducts research on cooperatives |
|  | an organisation, not itself a cooperative, that promotes, finances or offers technical assistance to cooperatives and the cooperative movement |
|  | a government or state agency with a mandate of relevance to cooperatives |

ORGANISATION INFORMATION

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| --- |
| DESCRIPTION OF YOUR ORGANISATION |
|  |

economic activity – What sectors of the economy do you operate in? If you are a representative organisation for cooperatives, which sectors of the economy do the cooperatives that you represent operate in?

|  |  |  |
| --- | --- | --- |
|  | Agriculture including forestry and food industries under control of producers | |
|  | Fishing | |
|  | Industry (mining, manufacturing and construction) | |
|  | Utilities (energy and water supply, waste management) | |
|  | Wholesale and retail trade | |
|  | Financial services | |
|  | Insurance | |
|  | Education, health and social work | |
|  | Housing | |
|  | Other services, please specify: |  |

typology – What type of cooperative are you? If you are a representative organisation for cooperatives, which types of cooperatives do you represent?

|  |  |  |
| --- | --- | --- |
|  | Producer | |
|  | Worker | |
|  | Consumer / User | |
|  | Multi-stakeholder | |
|  | Other, please specify: |  |

|  |
| --- |
| NUMBER OF EMPLOYEES (full time equivalent) |
|  |
| WHO ARE YOUR DIRECT MEMBERS? Examples include individuals, busines organisations, primary cooperatives, secondary or tertiary cooperatives, mutuals, other. |
|  |
| HOW MANY DIRECT MEMBERS DOES YOUR ORGANISATION HAVE? |
|  |
| IF YOU ARE NOT A PRIMARY COOPERATIVE, HOW MANY MEMBERSHIP DO YOU REPRESENT ALL THE WAY DOWN TO THE PRIMARY LEVEL? |
|  |
| HOW MANY MEMBERS DO YOU HAVE BY TYPE OF ORGANISATION? |
|  |

list any ica members which you are affiliAted to. For a current list of ICA members, [click here](https://www.ica.coop/en/our-members/search-our-members).

|  |  |  |
| --- | --- | --- |
| ORGANISATION NAME | THEY ARE OUR MEMBER | WE ARE THEIR MEMBER |
|  |  |  |
|  |  |  |
|  |  |  |

Economic Indicators

|  |  |
| --- | --- |
| CURRENCY | DATA FROM FISCAL YEAR END |
|  |  |
| TOTAL ASSETS | TOTAL LIABILITIES |
|  |  |
| NET ASSETS | TOTAL GROSS INCOME / REVENUE |
|  |  |
| EXPENSES | NET INCOME (loss) |
|  |  |
| DO YOU HAVE COMMERCIAL ACTIVITIES THAT MAKE UP A SIGNIFICANT PERCENTAGE OF YOUR REVENUE? | |
|  | |
| DO YOU HAVE ANY EXTERNAL RESTRICTIONS ON YOUR REVENUE? IF YES, What percentage of the gross revenue indicated above is from externally restricted sources? An example of external restrictions on revenue would be a government grant that can only be used to do a special project. Regular income and membership fees are not applicable. | |
|  | |
| WHAT ARE THE EXTERNAL RESTRICTIONS ON REVENUE? | |
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| WHY ARE YOU INTERESTED IN MEMBERSHIP? |
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**Signatory of Applicant**

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| --- |
| NAME |
|  |
| POSITION |
|  |
| DATE |
|  |
| SIGNATURE |
|  |

Submit this duly completed and signed form along with the following supporting documents in English, French or Spanish to Gretchen Hacquard, Director of Membership, at [hacquard@ica.coop](mailto:hacquard@ica.coop).

|  |  |
| --- | --- |
|  | Statutes / Rules / Bylaws of your organisation |
|  | Annual Report / Audited Financial Statements |
|  | Certificate of Registration |