

MEMBER ORGANIZING INSTITUTE (MOI) APPLICATION FORM

Name:									
Address:									
ocal Union:		Local Union #:				Member Since:			
lome Phone:	Cell Phone:		E-Mai	l:					
Own a smart phone? Y	N	Have valid driv	ver's license?	Υ	N (Own car?	Υ	N	
n a few sentences, descri	be your	experience as a lo	ocal union mem	ber, ac	ctivist and	/or leader:			
hare specific union enga	gement a	and/or labor orga	nizing activities	s you h	ave partio	cipated in:			
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In a few sentences, describe why you would like to participate in the MOI:									

Deadline for submission is September 14, 2018.

Training for the fall, 2018 cohort will begin September 28; program commitment is 10 hours/week, or 40 hours/month.

Women, people of color, immigrants, LGBTQ people and low-wage workers are strongly encouraged to apply.

Please return completed applications to Eric Borlaug via e-mail:

E: <u>eborlaug@aftct.org</u> M: (203) 645-9499