APPLICATION FOR CUPW INTERNATIONAL SOLIDARITY DELEGATION

Name:					
Male:		Female:		X*:	
		nary, and binary gender identity	gender iden	itities, as wel	l as members who do
Address:					
Phone numbe	r:				
Email:					
Local:					
Region:					
Language(s)	spoken:				
Describe your	r activity in	CUPW:			
Are you invol	lved in the I	Labour movemer	nt?		
Yes					
No 🗌					
If yes, please	describe yo	ur involvement i	in the Labou	ır movement	:
Are you involor other simil			tions, social	justice grou	ps, faith-based groups
Yes					
No 🗌					

groups, faith-based groups or other similar organizations.					
Please describe your international solidarity experience and activities related to Cuba:					
In 50 words or less, outline why you want to be part of this delegation.					

What would be your top two objectives, if you were part of this delegation?
1
2
Would you be willing to write a report regarding what you saw, heard, felt, and learned from participating in this delegation?
Yes
No
Please list 3-4 ways you would continue this solidarity work after you participate in this delegation. Include general time frames for these activities.
1
2
3
4
Do you identify as a member of an equity seeking group? If so which group(s) do you identify as a member of?
Do you identify as a youth (30 and under)?
Is there any additional information you wish to provide?
Your application will be reviewed by one or more members of the National Executive Board.
All applicants will receive information about the results of this selection process.
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