

CWA MEMBERSHIP APPLICATION

NAME _____ SOCIAL SECURITY NO. _____

(Please Print)

ADDRESS _____

(Street)

(City, State)

(Zip Code)

I hereby request and accept membership in the COMMUNICATIONS WORKERS OF AMERICA and when accepted by the Local, agree to be bound by the Constitution of the Union and Amendments thereto and Rules and Regulations now in effect or subsequently enacted by the Union and/or the Local to which I am assigned.

Date _____

Local _____

Benefit Date _____

Voting Section _____

Initiation Fee _____

____ Accepted ____ Rejected ____ Registered Voter

Signature _____

Company Name _____

Work Location _____

Department _____

Representative _____

Personal Email Address _____

Personal Cell # _____

AUTHORIZING SIGNATURE _____

Union membership dues and agency fees are not deductible as charitable contributions for Federal income tax purposes. Dues and agency fees, however, maybe deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

EF PAYROLL DEDUCTION AUTHORIZATION FOR UNION DUES

I hereby authorize EF to deduct from my wages or other earnings once an amount equal to the initiation fee certified in writing to the Company by the Secretary-Treasurer of the Communications Workers of America, or his/her duly constituted agent, and each month an amount equal to regular monthly Union dues, certified in writing to the Company by the Secretary-Treasurer of the Communications Workers of America, or his/her duly constituted agent. Each amount so deducted shall be remitted to the Secretary-Treasurer of the Communications Workers of America, or his/her duly constituted agent. If for any reason the Company fails to make a deduction, I authorize the Company to make such deduction in a subsequent payroll period.

This authorization is voluntarily made and is neither conditioned on my present or future membership in the Union, nor is it to be considered as a quid pro quo for membership. This authorization shall continue in effect until canceled by written notice signed by me and individually sent to the Company and to the Union. This cancellation of authorization must be postmarked during the fourteen (14) day period prior to each anniversary date of the current or any subsequent Collective Bargaining Agreement, or upon expiration of the current or any subsequent Collective Bargaining Agreement.

I agree to save EF harmless against any and all claims and liability for or on account of the deductions made from my wages or other earnings and remitted to the Communications Workers of America, Local 9509.

Date _____

Employee _____