

LOCAL



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COMMUNICATION WORKERS OF AMERICA

# STEWARD CERTIFICATION

## PLEASE PRINT ALL INFORMATION

CHIEF NUMBER: 04 \_\_\_\_\_ DATE: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE ZIP \_\_\_\_\_  
HOME TEL. # \_\_\_\_\_ WORK LOC. \_\_\_\_\_

SS #: \_\_\_\_\_ DIVISION: \_\_\_\_\_

TITLE: \_\_\_\_\_ PAY CODE: \_\_\_\_\_

CELL TEL.# \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME TEL. # \_\_\_\_\_ WORK TEL.# \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Chief Steward: \_\_\_\_\_

Business Agent: \_\_\_\_\_

Vice-President \_\_\_\_\_

FOR OFFICE USE ONLY  
COMPANY \_\_\_\_\_

STEWARD'S CARD \_\_\_\_\_  
COMPUTER \_\_\_\_\_