

COMMUNICATIONS WORKERS OF AMERICA
MEMBERSHIP APPLICATION FORM

Social Security No. _____ - _____ - _____

Name _____

Address _____ APT# _____

City _____ State _____ Zip _____

Home# _____ - _____ - _____ Work# _____ - _____ - _____

Personal Cell# _____ - _____ - _____ Personal email _____

Sign me up for text message alerts: Yes _____ No _____ (standard msg&data rates apply)

COMMUNICATIONS WORKERS OF AMERICA

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 the Rules and Regulations now in effect or subsequently enacted by the Union and/or the local to which I am assigned.

Agency Fee Payer...I understand by checking this box I am requesting to **NOT** be a member of the Communications Workers of America (CWA) Local 1101. I understand I will **NOT** be entitled to all the membership benefits.

Start date _____ Signature _____

Employed by _____

Job Title _____ Payroll Code AMPTP

Work Address _____

Initiation Fee \$0 Local No. 1101

Date of Birth _____ Sex _____

If applicant is rejected, state reason:

Please fill out, print, then SIGN and return in person or by mail to:

CWA Local 1101
350 West 31 St, 2nd Floor
New York, NY 10001

Member Payroll Deduction Authorization for Union Dues or Equivalent

(COMMUNICATIONS WORKERS OF AMERICA)

Full Legal Name _____ Last 4 Digits of Social Security No: _____

Address _____ APT# _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Union: CWA Local Number: 1101

I hereby authorize and direct my Employer and its designated payroll services company to deduct regular Union membership dues or an amount equal to such dues from wages earned from employment under a collective bargaining agreement with the Union that allows for payroll deduction of dues ("CBA") in each payroll period, and to remit such amount to the Union. Such deduction shall commence no later than the second full pay period which begins on or after the date this authorization is received by the Employer's designated payroll company.

The amount equal to regular Union membership dues shall be that which is certified by the Union to the Employer and its designated payroll service, and I authorize the Employer and its designated payroll service to adjust the amount of the deduction upon written notice by the Union to the Employer and its designated payroll company of any changes in Union membership dues.

This authorization is voluntarily made in order to pay my share of the Union's cost of representing me for the purposes of collective bargaining, and this authorization is not conditioned on my present or future membership in the Union.

The Business Agent of the Local Union is authorized to deposit this authorization with any Employer signatory to the CBA, and is further authorized to transfer this authorization to any other Employer signatory to the CBA. Until cancelled by me or the Secretary-Treasurer of the Union in writing, this authorization shall remain effective while I am employed by the Employer under the CBA, even if my employment with Employer is terminated and I am later re-employed by the same Employer or employed by a different Employer under the CBA. I understand that any cancellation shall become effective no later than the second full pay period which begins on or after the date that the request for cancellation is received by the Employer's designated payroll service.

Date: _____
Month/Date/Year

Employee Signature