

(PRINT) LAST NAME GIVEN NAME MIDDLE NAME OR INITIAL
 DEPARTMENT SOCIAL SECURITY NUMBER LOCAL NUMBER
 WORK LOCATION (CITY OR TOWN) (STATE) ZIP CODE

PAYROLL DEDUCTION AUTHORIZATION

Beginning in _____, I hereby authorize _____ to deduct each month from my salary or wages, sickness or accident disability payments, other benefit payments, or vacation payments an amount equal to the regular monthly Union dues as certified to the Company by the Secretary-Treasurer of the Communications Workers of America. This authorization is voluntarily made and is neither conditioned on my continuing as a member of the Union, nor given as the consideration for membership. Each amount so deducted shall be remitted by the Company to the Secretary-Treasurer of the Communications Workers of America or his duly authorized 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 shall continue in effect until canceled by written notice from the Secretary-Treasurer of the Communications Workers of America, or until canceled by an individual notice signed by me, and sent individually by certified mail to the Company with a copy to the Union, postmarked during the ten (10) day period prior to the termination date of the current or any subsequent Agreement between the Company and the Union, or during the same ten (10) calendar dates in each year prior to the termination date of the then existing Agreement.

DATE SIGNATURE OF EMPLOYEE
 SECTION FOR COMPANY **TYPE G** H-6 

**COMMUNICATIONS WORKERS OF AMERICA
 APPLICATION FOR MEMBERSHIP**

LOCAL NO. _____

(PRINT) LAST NAME GIVEN NAME MIDDLE NAME OR INITIAL TEL. NO.
 HOME ADDRESS (STREET, RURAL ROUTE OR POST OFFICE BOX)
 CITY STATE ZIP CODE SOCIAL SECURITY NO.

Company _____

Employed by company at _____
 CITY (WORK LOCATION) STATE

Dept. _____ Title _____ Are you a registered voter? Yes _____ No _____

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.

Attest _____ Signature _____
 SECTION FOR LOCAL **TYPE G** H-6 

COMMUNICATIONS WORKERS OF AMERICA, LOCAL NO. _____

Name (PRINT) LAST NAME GIVEN NAME MIDDLE NAME OR INITIAL

Home Address _____
 STREET, RURAL ROUTE OR POST OFFICE BOX

City _____ State _____ Zip Code _____

Company _____

Department _____ Work Location _____
 CITY STATE

Date Payroll Deduction Effective _____ Social Security No. _____

New Member _____ Transferred from _____ Reinstated _____

SECTION FOR WASHINGTON OFFICE **TYPE G** H-6 

SECTION FOR APPLICANT **TYPE G** H-6 

**COMMUNICATIONS WORKERS OF AMERICA
 TEMPORARY MEMBERSHIP CARD AND INITIATION FEE RECEIPT**

This certifies that the person whose signature appears below has applied for membership, authorized dues deductions, and paid \$ _____ initiation fee to the union representative whose signature appears below. This temporary membership card is valid for a period of 60 days from date of application.

Date _____

(SIGNATURE OF UNION REPRESENTATIVE)

(SIGNATURE OF APPLICANT)