

PLEASE PRINT

CWA MEMBERSHIP APPLICATION

(Last Name)

(Middle Initial)

(First Name)

(Social Security Number)

(Street Address)

(City and State)

(Zip Code)

(cell phone)

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. 1400 _____

Benefit Date _____

Voting Section _____

Initiation Fee \$ 5.00 _____

_____ Accepted _____ Rejected _____ Registered Voter

Signature. _____

Company Name _____

Work Location _____

Department _____

Representative _____

Personal Email Address _____

AUTHORIZING SIGNATURE. _____

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

LOCAL COPY

SOURCE OF MEMBERSHIP

New Member _____ Received by Transfer _____ Reinstated _____

MEMBERSHIP TERMINATED

TRANSFER _____ Date _____

Suspension _____ Date _____

Withdrawal _____ Date _____

Death _____ Date _____

ASSOCIATE MEMBERSHIP

Effective Date _____