

I want CWA to be my collective bargaining representative.

Yes, I want CWA to be my collective bargaining representative and I accept membership in the union. I understand I am not required to pay dues until a contract is negotiated and approved by CWA members. I authorize my employer to deduct CWA union dues from my pay and to send them to my union. **This permission becomes effective on the date the CWA contract goes into effect.**

Signature: _____ Date: _____

Name (print): _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Department: _____ Work Location: _____

Work Phone: _____ Cell: _____ Pager: _____

Job Title: _____ Work Hours: _____

email: organize@cwa7777.org

opeiu #5, afl-cio/III