

APPLICATION FOR UNION MEMBERSHIP

NOTE: If you choose to join the Union, you must complete and return this application card to: CWA #3181, 594 1st Street, West Palm Beach, FL 33413

SECTION FOR EMPLOYER

(PRINT) Last Name First Name M.I.

Department S.S.# Local 3181

Work Location (City or Town) Zip Code

PAYROLL DEDUCTION AUTHORIZATION FOR UNION DUES

I hereby authorize my employer to deduct from my wages an amount equal to the regular monthly dues or prorated portion thereof as certified to the employer by the Secretary-Treasurer of the Communications Workers of America and remit the same to the Secretary-Treasurer of the Communications Workers of America or his/her duly authorized agent. This authorization may be revoked by me upon thirty (30) days written notice to the Employer and the Union, or by written request by the Secretary-Treasurer of the Union to the Employer.

Date x _____
Employee (Applicant) Signature

SECTION FOR UNION

APPLICATION FOR UNION MEMBERSHIP Communications Workers of America, Local 3181

(PRINT) Last Name First Name M.I.

Home Phone # S.S.#

Home Address City or Town Zip Code

Name of Employer

Birth Date (*For our info ONLY*) Department Job Title

Are you a registered voter? ____ Yes ____ No

I hereby request and accept membership in the Communications Workers of America when accepted by the Local and accept all rights, privileges, benefits and responsibilities of membership outlined in the constitution and by-laws of the union.

Signed up by x _____
Employee (Applicant) Signature