

# MEMBERSHIP APPLICATION



FULL NAME \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER (HOME): \_\_\_\_\_

TELEPHONE NUMBER (WORK): \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

LOCAL \_\_\_\_\_ COMPANY \_\_\_\_\_

WORK LOCATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEPARTMENT \_\_\_\_\_

UNION REPRESENTATIVE \_\_\_\_\_

ARE YOU REGISTERED TO VOTE? Yes (\_\_\_\_) No (\_\_\_\_)

--Not a requirement for union membership. For informational purposes only.

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 \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*For Local's Use only--ACCEPTED (\_\_\_\_) REJECTED (\_\_\_\_)*