

PLEASE PRINT: LAST NAME FIRST NAME AND MIDDLE INITIAL
EMPLOYEE NUMBER WORK LOCATION AND NUMBER

AUTHORIZATION FOR DEDUCTION OF UNION DUES
(Maintenance and Operations Unit)
COMMUNICATIONS WORKERS OF AMERICA

I hereby authorize the BOARD to deduct from compensation due me UNION dues in the amount certified to the BOARD, in writing, by the Secretary-Treasurer of the Communications Workers of America and remit same to the Secretary-Treasurer of the Communications Workers of America or his duly authorized agent.

It is understood that such deductions shall be made in accordance with the most recent applicable provisions of Article XXVII, Payroll Deductions - Check Off, of the Agreement negotiated between the BOARD and the UNION.

It is understood that I may revoke such authorization for deduction of UNION dues in accordance with the most recent applicable provisions of Article XXVII, Payroll Deductions - Check Off, of the Agreement negotiated between the BOARD and the UNION.

It is further understood that the BOARD assumes no further responsibility in connection with this authorized deduction except to act as remitting agent in forwarding the amount deducted to the Secretary-Treasurer of the Communications Workers of America or his duly authorized agent.

DATE: _____, 19____

Signature of Employee Authorizing Deduction



Name _____ Social Security No. _____
Last Name (Please Print) Given Name and Initial

ADDRESS _____
Street or Rural Route City, State & Zip Code

APPLICATION FOR MEMBERSHIP
Communications Workers of America

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 _____ REGISTERED VOTER

EMPLOYED BY:

COMPANY _____ SINCE _____ DEPT. _____

INITIATION FEE \$ _____ PAID _____ DIST. NO. _____ LOCAL NO. _____
(date)

ACCEPTED REJECTED

IF APPLICATION IS REJECTED STATE REASON _____

RETAIN IN LOCAL _____ LOCAL SECRETARY _____



Name: _____ Soc. Sec. # _____ Unit: M&O Cafe
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Hrly Rate of Pay _____ Biweekly Dues Deduction _____

Authorization for CWA COPE Deductions
Communications Workers of America

I hereby authorize the Board of Education to make two (2) deductions per month from compensation due me in amounts certified to the Board of Education, in writing, by a National Representative of the Communications Workers of America and remit same to the Secretary-Treasurer of the Communications Workers of America, or his duly authorized agent.

I fully understand that funds generated from these deductions shall be used by CWA-COPE in connection with its Political-Legislative Program.

This authorization to make such deductions is voluntary and may be revoked by me at any time by written notice to the Board of Education.

Date: _____, 19____

Signature of Employee Authorizing Deduction

