

COMMUNICATIONS WORKERS OF AMERICA

APPLICATION FOR MEMBERSHIP/AUTHORIZATION FOR PAYROLL DEDUCTION

Name (Please Print) _____

Home Address _____

City _____ State _____ Zip _____

Employer or Agency _____

Work Location _____ County _____

City _____ State _____ Zip _____

Beneficiary for Life Insurance	Relationship	Birthdate
Name _____		
Address _____		
City _____	State _____	Zip _____

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Social Security Number

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Date of Birth

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Home Phone

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Work Phone

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Home E-Mail

I hereby apply for membership in CWA Local 2055 and I authorize the State Auditor to deduct from my salary a total of fifteen dollars (\$15.00) per month in 2 installments of \$7.50 each and remit to CWA membership dues in the stated amount certified by the Secretary-Treasurer of CWA provided that I may revoke such deduction authorization during an annual 30 day period beginning May 1.



Employee Signature _____

Date _____

FOLD HERE AND SEAL AT TOP WITH TAPE