

## Membership Application

### Communications Workers of America



Yes, I want Communications Workers of America to be my collective bargaining representative, and I accept membership in the Union. I authorize you to deduct Union dues from my pay and send them to CWA.

Signature \_\_\_\_\_ Effective \_\_\_\_\_ 20\_\_  
Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ (M.I.) \_\_\_\_\_ Dept. \_\_\_\_\_  
Work Location \_\_\_\_\_ Shift \_\_\_\_\_ Job Title \_\_\_\_\_  
Employee Number \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

## Solicitud de Membresía

### Communications Workers of America



Sí, quiero Communications Workers of America para ser mi representante de la negociación colectiva, y aceptar la adhesión a la Unión. Yo autorizo a usted a deducir las cuotas sindicales de mi pago y enviarlos a CWA."

Firma \_\_\_\_\_ Fecha efectivo \_\_\_\_\_ 20\_\_  
Nombre (primer) \_\_\_\_\_ Apellido \_\_\_\_\_ (M.I.) \_\_\_\_\_ Departamento \_\_\_\_\_  
lugar de trabajo \_\_\_\_\_ título de trabajo \_\_\_\_\_  
Número de identificación del empleado \_\_\_\_\_ teléfono del trabajo \_\_\_\_\_  
domicilio \_\_\_\_\_ teléfono \_\_\_\_\_  
municipalidad \_\_\_\_\_ estado \_\_\_\_\_ código postal \_\_\_\_\_  
teléfono celular \_\_\_\_\_ Portada e-mail \_\_\_\_\_  
trabajo de e-mail \_\_\_\_\_

Enviar por correo a : **CWA 7076—State Employee Alliance / Estado Empleado Alianza**  
**Building 1000, Suite 1001**  
**460 St. Michael's Drive**  
**Santa Fe, NM 87505**

Look up your Steward at: <http://www.sea-cwa.org/contact.php?type=steward>  
*Busque su representante en*

*Thank you for joining. There's no UNION without U.*  
*Gracias por unirse. No hay unión sin Usted!*

YOU ARE ENTITLED TO A VOICE IN HOW YOUR DUES ARE SPENT. GET INVOLVED:

<http://www.sea-cwa.org/> Phone: 505-955-8534

