

CWA LOCAL 3140

YES, I WANT TO BE A MEMBER!

I hereby request and accept membership in the Communications Workers of America, and authorize American Airlines to deduct from my salary an amount equal to regular monthly union dues. The authorization shall remain in effect unless I cancel in writing.

NAME _____ **DATE OF HIRE** _____

Location _____ American Airlines Payroll Number _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ Phone: (C) _____

Ok to Text: YES NO

Personal Email (Not Company Email) _____

Signature: _____ Date: _____

PLEASE PRINT ALL INFORMATION!!

I hereby authorize American Airlines to deduct from my salary a service fee (Agency Fee Payer) in the amount equal to regular monthly union dues. This authorization shall remain in effect unless cancelled by me in writing.

Name: _____ **Date of Hire:** _____

Location: _____ American Airlines Payroll Number: _____

Phone: _____ Ok to Text: YES NO

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

COMMUNICATIONS WORKERS OF AMERICA LOCAL 3140
PLEASE PRINT ALL INFORMATION