

# CWA LOCAL 3640

## 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!!**

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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 3640**

**PLEASE PRINT ALL INFORMATION**