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**SOURCE OF MEMBERSHIP**

New Member \_\_\_\_\_ Received by Transfer \_\_\_\_\_ Reinstated \_\_\_\_\_

**MEMBERSHIP TERMINATED**

TRANSFER \_\_\_\_\_ Date \_\_\_\_\_

Suspension \_\_\_\_\_ Date \_\_\_\_\_

Withdrawal \_\_\_\_\_ Date \_\_\_\_\_

Death \_\_\_\_\_ Date \_\_\_\_\_

**ASSOCIATE MEMBERSHIP**

Effective Date \_\_\_\_\_

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**EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION OF UNION DUES AND INITIATION FEE FOR IUE,  
THE INDUSTRIAL DIVISION OF CWA**

\_\_\_\_\_  
(LAST NAME) (FIRST NAME) (DEPT.) (LOCAL NO.) (SOCIAL SECURITY NUMBER)  
\_\_\_\_\_  
(PHONE NUMBER) (CITY OR TOWN) (STATE) (ZIP CODE)

Beginning in \_\_\_\_\_, \_\_\_\_\_, I hereby authorize \_\_\_\_\_ to deduct from the compensation  
(MONTH) (YEAR) (EMPLOYER)

due me once an amount equal to the initiation fee, and each month an amount equal to regular monthly Union dues, both certified in writing to the Company by the Secretary-Treasurer of the Local. Each amount so deducted shall be remitted to the Secretary-Treasurer of the Communications Workers of America, or his/her duly constituted agent. If for any reason the Company fails to make a deduction, I authorize the Company to make such deduction in a subsequent payroll period.

This authorization is voluntarily made and is neither conditioned on my present or future membership in the Union, nor is it to be considered as a quid pro quo for membership. This authorization shall continue in effect until canceled by written notice signed by me and individually sent to the Company and to the Union. This cancellation of authorization must be postmarked during the fourteen (14) day period prior to each anniversary date of this authorization, or during the fourteen (14) day period prior to the termination of the current or any subsequent Collective Bargaining Agreement.

\_\_\_\_\_  
(DATE) (SIGNATURE OF EMPLOYEE AUTHORIZING DEDUCTION)

Union membership dues and agency fees are not deductible as charitable contributions for Federal income tax purposes. Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

(tear at perf)

Retain Original/Copy to Employer/Copy to IUE-CWA HQ

**MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
(PLEASE PRINT)

ADDRESS \_\_\_\_\_ (CITY OR TOWN) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE)  
(STREET)

I hereby request and accept membership in the IUE, The Industrial Division of CWA 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 \_\_\_\_\_

LOCAL \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

BENEFIT DATE \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

INITIATION FEE \$ \_\_\_\_\_ REPRESENTATIVE \_\_\_\_\_

AUTHORIZING SIGNATURE \_\_\_\_\_

Union membership dues and agency fees are not deductible as charitable contributions for Federal income tax purposes. Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

(tear at perf)

Retain at Local

**POLITICAL CONTRIBUTIONS COMMITTEE  
PAYROLL DEDUCTION CARD for IUE, THE INDUSTRIAL DIVISION OF CWA**

I hereby authorize my employer to deduct from my wages the sum of \$ \_\_\_\_\_ each pay period and to remit such amount to the Communications Workers of America Committee on Political Education Political Contributions Committee (CWA-COPE PCC).

This Authorization is voluntarily made based on my specific understanding that:

- The signing of this authorization card and the making of contributions to CWA-COPE PCC are not conditions of membership in the union nor of employment with the Company and that I may refuse to do so without fear of reprisal.
- I am making a contribution to a joint fund-raising effort sponsored by CWA-COPE PCC and the AFL-CIO Committee on Political Education Political Contributions Committee (AFL-CIO COPE PCC) and that CWA-COPE and AFL-CIO COPE PCC will use my contributions for political purposes, including but not limited to, the making of contributions to or expenditures on behalf of candidates for federal, state and local offices and addressing political issues of public importance.
- Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and the name of employer of individuals whose contributions exceed \$200 in a calendar year. Contributions or gifts to CWA-COPE PCC and AFL-CIO COPE PCC are not deductible as charitable contributions for federal income tax purposes.

CHECK ONE:       NEW ENROLLMENT       CHANGE OF AMOUNT       CANCELLATION

\_\_\_\_\_  
(EMPLOYEE SIGNATURE) (DATE) (PRINT NAME)

\_\_\_\_\_  
(MAILING ADDRESS) (CITY) (STATE/ZIP)

\_\_\_\_\_  
(NAME OF EMPLOYER) (OCCUPATION) (SOCIAL SECURITY NUMBER)

LOCAL NUMBER \_\_\_\_\_ (Signature of Union Representative Certifying that Employee is Eligible to Participate)

Retain Original/Copy to Employer/Copy to IUE-CWA HQ