



# PROUD TO BE CWA LOCAL 1180 MEMBERSHIP CARD



**Name of Employee:** \_\_\_\_\_  
(Last) (First) (Initial)

**Social Security No:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Employer: Agency/Division:** \_\_\_\_\_

**Work Location Address:** \_\_\_\_\_

**Civil Service Title:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(No and Street)

\_\_\_\_\_  
(City) (State) (Zip)

**Email Address (Personal):** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Work/Office Phone:** \_\_\_\_\_

By checking the box, I consent to receiving information from Local 1180 or the Communications Workers of America, AFL-CIO, regarding its organizing activities, opinion polling, surveys, upcoming Union-sanctioned events and political campaigns, via autodialed, prerecorded calls or texts at the telephone numbers provided.

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing above, I agree to the terms of membership printed on the back of this card.*

