PROUD TO BE
CWA LOCAL 1180

PUBLIC SECTOR MEMBERSHIP FORM

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.

I'm 100% with the union!

Membership Application

I hereby request and accept membership in the Communications Workers of America and, when accepted by Local 1180, 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 Local 1180.

By this application, I authorize the Union to act as my exclusive bargaining representative for the purpose of collective bargaining with respect to wages, salaries, hours, and other terms and conditions of employment.

Subject to New York State Civil Service Law §208 and/or Mayor's Executive Order No. 98, dated May 15, 1969, and Mayor's Executive Order No. 107, dated December 29, 1986, and in all amendments or supplements thereto hereafter issued, I hereby authorize my Employer to deduct in each regular payroll from my salary/wages my Union's current dues amount and any duly authorized dues increase, in accordance with the terms of the collective bargaining agreement between my Union and my Employer. You are further authorized to make any necessary changes and adjustments in said deductions as may be necessary from time to time because of duly authorized changes in the amount of such dues. I further understand that if I wish to revoke this authorization, I must do so in writing to my Employer and the Union.

PLEASE FILL OUT BACK OF THIS CARD