

Communications Workers of America Local 6355, AFL-CIO

UNBREAKABLE STATE MEMBERSHIP APPLICATION

Name: _____ Social Security Number: _____

Address: _____

City / State / Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Personal Email (required): _____

Employer: _____ County: _____

Work Location: _____ Job title: _____

Bank Name: _____ Bank Address: _____

Routing #: _____ Account #: _____

AUTHORIZATION FOR DUES DEDUCTION

MONTHLY DEDUCTION AMOUNT (CHECK ONE):

\$20 — Monthly pay range: \$1500-\$2400

\$25 — Monthly pay range: \$2401-\$3000

\$30 — Monthly pay range: \$3001 and above

I hereby, voluntarily, authorize and direct the Communications Workers of America Local 6355, to draft my account each month for the amount I have indicated above. Drafts will be processed on the 15th of each month. Processing time for your financial institution may take up to 1-3 days. In order to process your application, you must include a voided check or account numbers. This authorization will remain in effect until you provide written authorization to the union. Information on this form will be kept in a secure location. We have arranged for our respective banks to provide for secure transfers from individual accounts.

DATED: _____, 20____ SIGNATURE OF EMPLOYEE _____

AUTHORIZATION FOR COPE DEDUCTION

MONTHLY DEDUCTION AMOUNT (CHECK ONE):

\$5 CLUB

\$10 GOLD

\$20 PLATINUM

\$30 TRIPLE

\$40 PRESIDENT

I want to help build our political power by joining CWA-COPE. I authorize Communications Workers of America Local 6355 to draft my account each month for the amount I have indicated above and to forward these funds to CWA-COPE PCC. Drafts will be processed on the 15th of each month. Deductions will begin on the 15th day of the month following the date of your signature. Processing time for your financial institution may take up to 1-3 days. In order to process your application, you must include a voided check or account numbers. This authorization will remain in effect until you provide written authorization to the union. Information on this form will be kept in a secure location. We have arranged for our respective banks to provide for secure transfers from individual accounts.

DATED: _____, 20____ SIGNATURE OF EMPLOYEE _____

Contributions to CWA-COPE PCC are voluntary. CWA members are not required to contribute to CWA-COPE PCC as a condition of membership in the union or as a condition of employment and may refuse to do so without fear of reprisal. CWA-COPE PCC will use the contributions it receives for political purposes including contributions to and expenditures on behalf of federal and state/local candidates. Contributions or gifts to CWA-COPE PCC are not deductible as charitable contributions for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year. Paid for and authorized by CWA on behalf of a joint fundraising effort for CWA-COPE PCC and AFL-CIO COPE PCC.