



PAYROLL DEDUCTION AUTHORIZATION

PAYROLL DEDUCTION AUTHORIZATION FOR UNION DUES

Name _____ SSN _____ - _____ - _____ Dept. _____

Beginning in ____/____/____ (date) I hereby authorize AT&T Mobility formerly known as Cingular Wireless to deduct, each pay period from my salary or wages, sickness or accident disability payment, or vacation payments, the amount of regular union dues prorated for the pay period or an amount equivalent thereto as certified to the Company by the Secretary-Treasurer of the Communications Workers of America. 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 the quid pro quo for membership. Each amount so deducted shall be remitted by the Company to the Secretary-Treasurer of the Communications Workers of America or his duly authorized agent. This authorization shall continue in effect until canceled by written notice, signed by me, and individually sent by certified mail to the Company, during the fourteen (14) day period prior to the anniversary date or termination date of the current or any subsequent Collective Bargaining Agreement.

Date ____/____/____ 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.

MEMBERSHIP APPLICATION and ACCEPTANCE

Name _____ SSN _____ - _____ - _____ Dept. _____

Address _____
Street City State Zip

Non-Work Email Address _____@_____

Home Number _____ - _____ - _____ Cellular Number _____ - _____ - _____

I hereby request and accept membership in the COMMUNICATIONS WORKERS OF AMERICA 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 ____/____/____
Employer AT&T Mobility
Dept. _____

Signature _____
Date of Hire (NCS) ____/____/____
Present Title _____
Local CWA Local 7803

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Mail to: CWA LOCAL 7803 PO BOX 4070, Renton, WA. 98057-4070