

DUES DEDUCTION AUTHORIZATION CARD

SOCIAL SECURITY NUMBER _____

PRINT YOUR NAME (LAST, FIRST, MIDDLE) _____

WORK LOCATION ADDRESS _____

CITY _____

STATE _____

ROOM NUMBER _____

AUTHORIZATION OF DEDUCTION FROM SALARY EQUIVALENT OF UNION DUES – CWA

I hereby authorize QWEST to deduct each month from my salary or wages, sickness or accident disability payments, or vacation payments, except 60% pay disability payments, the amount equal to regular monthly Union dues 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 of the Union, nor is it to be considered as a 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 their duly authorized 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 shall continue in effect until cancelled by written notice signed by me, and individually sent by certified or registered mail to the Company and to the Union, postmarked during the ten (10) calendar day period prior to each anniversary date of the current or any subsequent Collective Bargaining Agreement, or during the ten (10) calendar day period prior to the termination date of the current or any subsequent Collective Bargaining Agreement.

Effective _____ 20 _____ ORGANIZATION _____ LOCAL NO. _____

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 Internal Revenue Code.

EMPLOYEE SIGNATURE (in ink) _____

DATE _____

OFC. TEL. NO. _____

COMPANY NAME _____

RETURN TO: REGIONAL PAYROLL, 5325 ZUNI, ROOM 369, DENVER, CO 80221



MEMBERSHIP APPLICATION BLANK

Name _____ (Print) Social Security No. _____

Address _____

Home Address _____

City _____ State _____ Zip _____

Communications Workers of America

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 _____ Signature _____

Benefit Date _____ Present Title _____

Department _____ Work Location _____

Voting Section _____ Representative _____

Initiation Fee \$ _____

Home Phone _____ Work Phone _____

Accepted

Rejected

Registered Voter

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