



Membership Form

I hereby request and authorize the deduction of dues from my pay as established by Communications Workers of America (C.W.A.) of which I am a member. These will be paid to the Treasurer of C.W.A.

Name

Department

Work Address

Work Phone Home Phone

Home Address

City State Zip

E-mail IUID #

Signature

_____ Date: _____

Received by _____ Date: _____

Please print and sign this form and give it to your steward or turn into Poplars 331. For a complete list of the stewards check the union website at <http://www.indiana.edu/~cwa>. For other questions e-mail cwa4730@indiana.edu or call 812-855-8508.