AA Employee number:

CWA Local 3640

YES, I WANT TO BE A MEMBER

I hereby request and accept membership in the Communications Workers of America, and authorize American Airlines to deduct my salary an amount equal to regular monthly dues. The authorization shall remain in effect unless I cancel in writing.

NAME _____ **Date of Hire** _____

Home Address:		Apt:
City:	State:	Zip:
Phone: (H)	(C)	
Personal Email:		

Ok to Text: YES NO

Signature:	Date:

– Stop here to be an active/voting member of our local! –

FEE PAYER ONLY- *NOT* a voting member

By checking this box and signing below, I understand that as an Agency Fee Payer, I will still pay a service fee equal to the regular monthly dues amount, but relinquish voting rights at the Local and National level in accordance with the Railway Labor Act.

☐ I Agree

Signature:	Date:

`