

MEMBERSHIP APPLICATION

UNITED CAMPUS WORKERS OF MISSISSIPPI

Name _____ Job Title _____
Department _____ Building _____
Campus _____ Cell Phone _____
Personal Email _____ Can we text you? _____
Home Address _____
City, State, Zip Code _____

Yes! I want to join UCW-CWA: (please check one)

<i>Income</i>	<i>Rate</i>
Less than \$30,000	\$15.00/month _____
\$30,000 - \$50,000	\$20.00/month _____
\$50,000 - \$60,000	\$25.00/month _____
\$60,000 - \$100,000	\$30.00/month: _____
\$100,000 and up	\$50.00/month: _____
*Part time/retired/grad	\$8.00/month: _____

Electronic Bank Draft

I want to join with my fellow community members and become a member of Communications Workers of America—United Campus Workers. I hereby authorize UCW-CWA Mississippi to electronically debit my account (below) for the membership dues. Dues are deducted on the first banking date of the month.

Bank Name & State or ABA Bank Routing # _____ Account Number _____

____ Checking ____ Savings

Authorized Signature _____ Date _____

ACH transactions are conducted by Amalgamated Bank. You may arrange to cancel this agreement within 30 days of the conclusion the term in which you joined, or thereafter within 30 days of the end of Fall, Spring, or Summer Semester.

Political Action Fund (PAF)

YES, I want to join the CWA Political Action Fund to help build our union's power politically and electorally. I authorize United Campus Workers—CWA to draft the bank account listed on this form monthly for the amount indicated below, in addition to membership dues, and forward to CWA PAF.

PAF deduction amount: ____ \$5.00 ____ \$10.00 ____ \$15.00 ____ Other: _____

Authorized Signature _____ Date _____

This authorization is voluntarily made based on my specific understanding that: The signing of this authorization card and the making of contributions to CWA PAF are not condition of membership in the union nor of employment with the company, and that I may refuse to do so without fear of reprisal.

**Please
Place
Stamp
Here**

United Campus Workers
Communications Workers of America
c/o Tom Smith
3516 Covington Highway
Decatur, GA 30032