APPLICATION FOR MEMBERSHIP

Please fill out ALL sections including
STARTING SALARY &
SOCIAL SECURITY NUMBER.

We must have this information to properly process your application.

PLEASE PRINT OR TYPE

Name: _____ (Last) _____ (First) _____ (Middle)

Address: _____ (Street) _____ (Apt #)

_____ (City) _____ (State) _____ (Zip) Date of Birth: _____

Telephone # Please fill in at least one: _____ (Home) _____ (Cell) _____ (Office)

Station: (or employer) _____ Title: _____

Date of Employment: _____ Starting Salary: $ _____ per hour. Social Security #: _____

HOME E-Mail Address: _____

Please check One: ☐ Full Time ☐ Part Time ☐ Vacation Relief ☐ Temporary ☐ Freelance

RECORD OF PAST EMPLOYMENT

Company	Position Held	Dates From	Dates To

PAST & PRESENT MEMBERSHIP IN OTHER LABOR ORGANIZATIONS:

Former NABET or CWA Member?? ☐ Yes ☐ No

If yes, please provide a copy of your withdrawal Card, and fill in Local #: _____

Name of Organization (s)	Dates of membership

FOR UNION USE ONLY

21 Local # Schenectady, NY City:

Date Accepted into NABET-CWA, AFL-CIO: _____

Date membership Card Issued:

I hereby agree to abide by the NABET-CWA, AFL-CIO Sector By-Laws, the CWA Constitution and the By-Laws, Rules, and regulations as set forth by the Local in which I am a member.

Signed: _____

Date: _____