

## 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 **LEGACY QWEST/ CENTURYLINK** 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 \_\_\_\_\_



*[Handwritten signature]*

### 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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