



**APPLICATION FOR MEMBERSHIP**

**CWA Local 1014**  
**330 Market St., 2<sup>nd</sup> Floor**  
**Camden NJ 08102**  
**Phone: (856) 541-4191 / Fax: (856) 541-9390**

Date Proposed (MM/DD/YYYY): \_\_\_\_\_

SS# \_\_\_\_\_

Applicant Name Mr.   
(Print or Type) Ms.  \_\_\_\_\_

Home Address (Street, Apt. #, etc.): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell/Home Phone #: \_\_\_\_\_ / \_\_\_\_\_

Personal (Non-Business) Email Address: \_\_\_\_\_

Date of Hire (MM/DD/YYYY): \_\_\_\_\_ Full-time/Part-time (circle one)

Official Job Title: \_\_\_\_\_

Employer/Dept.: \_\_\_\_\_ / \_\_\_\_\_

**TO BE COMPLETED BY A CWA LOCAL 1014 OFFICER, TRUSTEE OR SHOP STEWARD (Print or Type):**

PROPOSED BY (NAME OF UNION REP.): \_\_\_\_\_

MEMBER'S BARGAINING UNIT: \_\_\_\_\_

I hereby apply for membership in CWA Local 1014 and designate that organization as my representative on all matters affecting my wages, hours and other conditions of work. I hereby authorize my employer to make periodic deduction in the amount certified by the Council as my current dues. The monies deducted shall be mailed to CWA Local 1014, Financial Secretary.

PLEASE INITIAL THIS LINE \_\_\_\_\_ TO AUTHORIZE A ONE-TIME INITIATION FEE OF \$5.00 THROUGH PAYROLL DEDUCTION.

Signed: \_\_\_\_\_ (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_