

Employee Authorization for Payroll Deduction of Union Dues – CWA Local 7603

(** Please print clearly and fill in all items **)



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PRINT YOUR NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

WORK LOCATION ADDRESS

CITY

STATE

FLOOR NUMBER

I hereby authorize CenturyLink to deduct each month from my salary or wages, sickness or accident disability payments, or vacation payments, except half 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.

Today's Date ** 20 Business Unit * LOCAL NO 7603
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 (Ink only please)

TODAY'S DATE

MEMBERSHIP APPLICATION BLANK – CWA Local 7603

(** Please print clearly and fill in all items **)



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PRINT YOUR NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

HOME MAILING ADDRESS (INCLUDING CITY, STATE, ZIP CODE)

HOME PHONE

CELL PHONE

DATE OF BIRTH

PLEASE CIRCLE ONE It is OK to send text messages and or emails to the listed number and or email address YES NO

TOE (HIRE) DATE / /20

HOME EMAIL ADDRESS (NO @centurylink.com accepted)

WORK LOCATION

COMPANY NAME CenturyLink

DEPARTMENT

EMERGENCY CONTACT NAME and number () -

PLEASE CIRCLE ONE T-SHIRT SIZE S M L XL XXL 3X 4X 5X

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.

EMPLOYEE SIGNATURE (Ink only please)

TODAY'S DATE

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 the Internal Revenue Code. Initiation Fee = \$0.00

POLITICAL CONTRIBUTION COMMITTEE PAYROLL DEDUCTION CARD

Fight back, build CWA Political Power, Join COPE! I am contributing the following amount per pay period;

Circle one amount and type; \$16.00 \$12.00 \$8.00 \$4.00 \$2.00 other \$ NEW ENROLLMENT INCREASE CHANGE



PRINT YOUR NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

HOME MAILING ADDRESS (INCLUDING CITY, STATE, ZIP CODE)

HOME PHONE

CELL PHONE

DATE OF BIRTH

TOE DATE / /20

HOME EMAIL ADDRESS (NO @centurylink.com accepted)

NAME OF COMPANY CenturyLink

COMPANY NAME CenturyLink

DEPARTMENT

I hereby authorize my employer to deduct from my wages the amount circled above for each pay period and to remit to Communications Workers of America Committee on Political Education Political Contributions Committee (CWA-COPE PCC). This authorization is voluntarily made based on my specific understanding that: The signing of this authorization card and the making of contributions to CWA-COPE PCC are not conditions of my membership in the union nor of employment with the company and that I may refuse to do so without fear of reprisal. The guideline amounts above are merely suggestions, and I am free to contribute more or less or nothing at all without favor or disadvantage from CWA. I am making a contribution to CWA-COPE PCC and understand that CWA-COP PCC will use my contribution for political purposes, including but not limited to, the making of contributions to or expenditures on behalf of candidates for federal, state or local offices and addressing political issues of public importance. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and the name of the employer of individuals whose contributions exceed \$200.00 in a calendar year. Contributions or gifts to CWA-COPE PCC are not deductible as charitable contributions for federal income tax purposes.

EMPLOYEE SIGNATURE (Ink only please)

DATE

FOR OFFICE USE ONLY: MTG = ACCEPTED REJECTED // MUMS ORION DUES RCVD DATE MBRSH CARD SENT

*** blanks MUST be completed