

The Communications Workers of America

American Airlines Payroll Deduction Authorization



Select One Option Below

_____ I hereby request and accept membership in the Communications Workers of America, and authorize American Airlines to deduct from my salary an amount equal to regular monthly Union dues. This authorization shall remain in effect unless I cancel in writing.

_____ I do not wish to become a member of the Communications Workers of America. I do authorize American Airlines to deduct from my salary an amount equal to regular monthly Union dues. This authorization shall remain in effect unless I cancel in writing.

**Indicates mandatory field*

*Name (print) _____ *Date of Hire: _____

*Work Location _____ *American Airlines Employee #: _____

*Home Address: _____ *Apt: _____

*City: _____ *State: _____ *Zip: _____

Email Address: _____

Phone: _____ Ok to Text: _____ Yes _____ No

*Signature: _____ Date: _____

Mail form to: CWA Local 6001, 610 S Industrial Blvd, Suite 250, Euless, TX 76040