
(Last Name) (Given Name or Initials) (Payroll No.) (Social Security No.) (Local No.)
(Employee will please print the above information)

PAYROLL DEDUCTION AUTHORIZATION FOR UNION DUES

Beginning in _____, I hereby authorize Cingular Wireless, LLC, its successors, purchasers, subsidiaries, and assigns ("Company") to deduct each pay period from my wages, sickness or accident disability payments, other benefit payments, or vacation payments the amount certified to the Company by the Secretary-Treasurer of the Communications Workers of America. Each amount so deducted shall be remitted by the Company to the Secretary-Treasurer of the Communications Workers of America or his 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 is voluntarily made and is not conditioned on my present or future membership in the Union, and shall be governed by the terms and conditions set forth herein irrespective of Union membership. This authorization shall continue in effect until cancelled by written notice from the Secretary-Treasurer of the Communications Workers of America, or until cancelled by written notice signed by me, and individually delivered to the Company, postmarked during the fourteen (14) day period prior to each anniversary date of the current or any subsequent Collective Bargaining Agreement, or during the fourteen (14) day period prior to the termination date of the current or any subsequent Collective Bargaining Agreement.

Dated _____ 20____

(Signature of Employee)

Residence
Address _____

(Street and Number)

(City or Town)

(State)

(Zip Code)

(Tear at perf)



APPLICATION BLANK

NAME _____ S. S. NO. _____ E-MAIL: _____
(Please Print)
ADDRESS _____
(Street) (City and State) (Zip Code)

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 _____

Net Credited Service Date _____ Present Title _____

Department _____ Base/Work Location _____

Resident Telephone No. _____ Representative _____

Initiation Fee \$ _____ Business Telephone No. _____

Accepted Rejected Registered Voter

AUTHORIZING SIGNATURE _____

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.

(Tear at perf)



LOCAL COPY

(Last Name) (Given Name or Initials) (Payroll No.) (Social Security No.) (Local No.)
(Employee will please print the above information)

PAYROLL ALLOTMENT AUTHORIZATION FOR CWA-PAC

I hereby authorize and direct Cingular Wireless, LLC, its successors, purchasers, subsidiaries, and assigns ("Company") to deduct twice each month from my pay the following amount \$ _____ and to remit such amount to the Secretary-Treasurer, CWA-COPE Political Contributions Committee. I understand and agree that this authorization shall be governed by and controlled in accordance with the Terms and Conditions on the reverse side hereof and the TERMS AND CONDITIONS PLAN FOR PAYROLL DEDUCTION FOR CWA-PAC entered into between the Company and the Communications Workers of America ("Union").

NEW CHANGE CANCEL

This authorization is made voluntarily and supersedes all previous authorizations executed by me for deductions of such payments.

(See Reverse)

Dated _____ 20____

(Signature of Employee)

Residence
Address _____

(Street and Number)

(City or Town)

(State)

(Zip Code)



COMPANY COPY