



MEMBERSHIP APPLICATION — CWA, LOCAL 9414

1009 SYCAMORE ST. CHICO, CA. 95928

NAME _____ **SOCIAL SECURITY #** _____
(First Name) (Last Name) (Middle Initial)

ADDRESS _____
(Street or Rural Route) (City) (Zip)

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.

EMPLOYED BY _____ **WORK LOCATION** _____ **DATE OF HIRE** _____

HOME E-MAIL _____ **HOME PH. #** _____ **WORK PH. #** _____

EMPLOYEE'S SIGNATURE _____ **DATE** _____

DATE APPROVED _____

Name _____
Address _____
City _____
State/Zip _____

Place
Stamp
Here

CWA Local 9414
1009 Sycamore Street
Chico, CA 95928

Fold Along Line

Tape Edges Here

