

Communications Workers of America Local 6355/AFL-CIO
MISSOURI STATE WORKERS UNION APPLICATION FOR MEMBERSHIP

NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE (HOME): _____ PHONE (WORK): _____ JOB CLASSIFICATION: _____ DIVISION: _____ WORK LOCATION (ADDRESS): _____ COUNTY: _____ EMAIL: _____	_____ SOCIAL SECURITY NUMBER _____ DATE OF HIRE _____ NAME OF CO-WORKER WHO ASKED YOU TO JOIN
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AUTHORIZATION FOR EMPLOYEE ORGANIZATION DEDUCTION

I hereby, voluntarily, authorize and direct the State of Missouri, to deduct from my pay each month, beginning with the receipt of this authorization, regular monthly dues as certified by the Secretary Treasurer of the Communications Workers of America, equaling 2 hours pay per month (equivalent to 1.15% of base pay).

I further direct the State to forward all sums deducted to the Secretary-Treasurer of the Communications Workers of America. It is understood that the State assumes no responsibility in connection with this authorization except that of forwarding monies to the Secretary-Treasurer of the Union. Drop requests will be processed only one time a year on December 15th.

DATED: _____, 20____ **SIGNATURE OF EMPLOYEE** _____