

Membership Application

 \bullet Please print $\,\bullet$ Complete entire form $\,\bullet$ Sign by the X

Association of Flight Attendants-CWA AFL-CIO

☐ Mrs.			
☐ Ms.			
Full Name:			
First	Middle	Last	
Preferred First Name:	G	ender: 🖵 Female 🖵 Male	☐ Transgender
Mailing Address:			A.,
	Street		Apt.
		Birthdate:	
City	State Zip		
Telephone: ()			(<u>- </u>
	Okay to text n	nessage? 🛘 yes 🗘 no	
Are you a citizen of the United Stat	es? 🖵 yes 🖵 no 💮 If no, where	do you hold citizenship?	
Airline:	Fligh	Flight Attendant Bidding Seniority Date:	
Employee/Payroll Number:		Base:	
If you were previously employed with anoth	er airline, please indicate:		
Which airline:	Inclusive date(s):	Position((s):
For good and valuable consideration reforce, or as amended, changed, modifie			f Flight Attendants-CWA as they are now in endants-CWA.
Author	rization for Representatio	n Under the Railway	Labor Act
I,	the unde	rsigned, hereby authorize the A	ssociation of Flight Attendants-CWA, in ac-
cordance with the provision of the Railw conclude all agreements of a similar or but not limited to the power and autho	ray Labor Act of 1926 and all amendn related character as to rates of compority to represent and bind me in the	ents thereto, exclusively to repre ensation, hours of employment, presentation, prosecution, adjustr	sent me and on my behalf, to negotiate and and other employment conditions, including ment and settlement of all grievances, comber purposes that come within the scope of
This full power and authority to ac or organization to so represent me.	t for the undersigned as described he	ein supersedes any power or au	thority heretofore given to any other person
x			
Signature		Date Signe	d

Please mail original signed application to:
Association of Flight Attendants-CWA
PO Box 77197
Washington DC 20013-7197