Membership Application

• Please print
• Complete entire form
• Sign by the X

Association of Flight Attendants-CWA AFL-CIO
501 Third Street, NW, Washington, DC 20001
Toll Free • 800• 424•2401

Full Name: _____
(Ms., Mr., Mrs.) First Middle Last

Mailing Address: _____
Street Apt.

_____ Telephone: ( ) _____
City State Zip

Cell Phone: ( ) _____ Email: _____

Birthdate: _____

Are you a citizen of the United States? ❑ yes ❑ no If no, where do you hold citizenship? _____

Education Level ❑ H.S. graduate ❑ some college ❑ college graduate ❑ post-graduate work

Additional special skills that may be utilized by AFA-CWA: _____

_____

Airline: _____ Employment Date: _____ Employee/Payroll Number: _____

Expected Training Graduation Date: _____ Probation Ending Date: _____

If you were previously employed with another airline, please indicate:

Which airline: _____ Inclusive date: _____ Position: _____

For good and valuable consideration received, I accept and agree to abide by the bylaws of the Association of Flight Attendants-CWA as they are now in force, or as amended, changed, modified or adopted by the Board of Directors of the Association of Flight Attendants-CWA.

Authorization for Representation Under the Railway Labor Act

I, _____ the undersigned, a flight attendant for _____

based at _____ home address being _____

_____

hereby authorize the Association of Flight Attendants-CWA, in accordance with the provision of the Railway Labor Act of 1926 and all amendments thereto, exclusively to represent me and on my behalf, to negotiate and conclude all agreements of a similar or related character as to rates of compensation, hours of employment, and other employment conditions, including but not limited to the power and authority to represent and bind me in the presentation, prosecution, adjustment and settlement of all grievances, complaints and disputes of any kind or character arising out of any employer-employee relationship, and for all other purposes that come within the scope of employee representation.

This full power and authority to act for the undersigned as described herein supersedes any power or authority heretofore given to any other person or organization to so represent me.

X _____
Signature *Date Signed*