



# Membership Application

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

## Association of Flight Attendants-CWA AFL-CIO

- Mrs.
- Ms.
- Mr.

Full Name: \_\_\_\_\_  
First Middle Last

Preferred First Name: \_\_\_\_\_ Gender:  Female  Male  Transgender

Mailing Address: \_\_\_\_\_  
Street Apt.

\_\_\_\_\_ Birthdate: \_\_\_\_\_  
City State Zip

Telephone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_  
Okay to text message?  yes  no

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

Airline: \_\_\_\_\_ Flight Attendant Bidding Seniority Date: \_\_\_\_\_

Employee/Payroll Number: \_\_\_\_\_ Base: \_\_\_\_\_

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

Which airline: \_\_\_\_\_ Inclusive date(s): \_\_\_\_\_ Position(s): \_\_\_\_\_

*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, 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

**Please mail original signed application to:  
Association of Flight Attendants-CWA  
501 3<sup>rd</sup> Street NW  
Washington DC 20001**