

COLUMBUS MUNICIPAL ASSOCIATION of GOVERNMENT EMPLOYEES/
COMMUNICATIONS WORKERS OF AMERICA LOCAL 4502

MEMBERSHIP APPLICATION CARD

I hereby authorize and direct you to deduct from my wages an amount necessary to satisfy my dues to the above Union. The Treasurer of the above Union will notify you of the amount of such monthly dues and you are hereby authorized to rely on such information as it may be modified from time to time. You are further directed to promptly remit to the Treasurer all amounts so deducted from my wages.

PRINT NAME _____ SSN _____

ADDRESS _____

CITY _____ ZIP _____ Home PH# _____

DEPT. _____ DIV. _____ Work PH# _____

CLASSIFICATION _____

AUTHORIZATION DATE _____ SIGNATURE _____

This authorization shall continue in effect until cancelled by written notice signed by me and individually sent by certified mail to the City of Columbus, through the Chief Negotiator, the payroll clerk of the my Department and the Union Treasurer, 30 days prior to the expiration date of the Agreement.

I agree to the terms of this Agreement, and that on the effective date of this Agreement, I am a member of the CMAGE/CWA Union, and employees who become a member after the date shall maintain membership in the Union, provided that such employee may resign from the Union during a period of thirty (30) days prior to the Agreement expiration date. The payment of dues and assessment is uniformly required of the membership for the duration of this Agreement.

(When completed, return to CMAGE/CWA Local 4502, 1350 W 5th Avenue, Suite 300 Columbus, OH 43212)

COLUMBUS MUNICIPAL ASSOCIATION of GOVERNMENT EMPLOYEES/
COMMUNICATIONS WORKERS OF AMERICA LOCAL 4502

PAYROLL AUTHORIZATION CARD

I hereby authorize and direct you to deduct from my wages an amount necessary to satisfy my dues to the above Union. The Treasurer of the above Union will notify you of the amount of such monthly dues and you are hereby authorized to rely on such information as it may be modified from time to time. You are further directed to promptly remit to the Treasurer all amounts so deducted from my wages.

PRINT NAME _____ SSN (required) _____

ADDRESS _____

CITY _____ ZIP _____ Home PH# _____

DEPT. _____ DIV. _____ Work PH# _____

CLASSIFICATION _____

AUTHORIZATION DATE _____ SIGNATURE _____

This authorization shall continue in effect until cancelled by written notice signed by me and individually sent by certified mail to the City of Columbus, through the Chief Negotiator, the payroll clerk of the my Department and the Union Treasurer, 30 days prior to the expiration date of the Agreement.

I agree to the terms of this Agreement, and that on the effective date of this Agreement, I am a member of the CMAGE/CWA Union, and employees who become a member after the date shall maintain membership in the Union, provided that such employee may resign from the Union during a period of thirty (30) days prior to the Agreement expiration date. The payment of dues and assessment is uniformly required of the membership for the duration of this Agreement. If termination of the terms of this signed agreement occurs, my fair share deduction will commence (under Article 3, Section 3.3 of the Collective Bargaining Agreement).

(When completed, return to CMAGE/CWA Local 4502, 1350 W 5th Avenue, Suite 300 Columbus, OH 43212)