



# Pacific Media Workers Guild

THE NEWSPAPER GUILD - CWA LOCAL 39521

433 Natoma Street, San Francisco, California, 94103

415.421.6833

FAX 415.421.3751

## Membership Application

I designate The Newspaper Guild and the California Media Workers Guild my agent in collective bargaining, and authorize The Newspaper Guild-CWA and the California Media Workers Guild to represent me before any board, court, committee or other tribunal in any matter involving collective bargaining, and I authorize The Newspaper Guild-CWA and the California Media Workers Guild to represent me in adjusting any grievances I may have in connection with my employment. I pledge myself to abide by the Constitution of The Newspaper Guild-CWA and the bylaws of the California Media Workers Guild.

Name in full: \_\_\_\_\_

Address: \_\_\_\_\_

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

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work e-mail: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female Ethnicity: \_\_\_\_\_

Newspaper or unit: \_\_\_\_\_ Job title: \_\_\_\_\_

Location: \_\_\_\_\_ Department: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Salary: \_\_\_\_\_

Employee Number: \_\_\_\_\_  Hourly  Weekly

Brief description of duties: \_\_\_\_\_

Have you ever been a member of the Newspaper Guild?  Yes  No If yes, where? \_\_\_\_\_

New application?  Reinstatement? Do you have an honorable withdrawal card?  Yes  No

Please list all experience in newspaper and comparable work, giving city, company, job title and dates on the back of this form. Previous experience can affect your pay under some contracts.

Date of application: \_\_\_\_\_ Signature: \_\_\_\_\_

Please sign and mail this form with your dues CHECKOFF form and HONORABLE WITHDRAW card, if applicable, to the above address or give it to your Shop Steward.

