



Membership and Dues Deduction Authorization Form

Communications Workers of America, Local 4818
Indiana University Unit
IU Bloomington & IU Northwest

I hereby apply for membership in Communications Workers of America, Local 4818. I also request and authorize Indiana University to deduct dues of two hours of pay per month as established by Communications Workers of America. These will be paid by Indiana University to the Treasurer of CWA. This authorization may be revoked on proper notice.

Name: _____ IU ID #: _____

IU E-mail: _____ IU Phone: _____

IU Department: _____ IU Campus: _____

IU Office Address: _____

Personal E-mail (Non-IU): _____ Personal Phone: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____

Received by: _____ Date: _____

Please sign and email this completed form to cwamembr@iu.edu.

Memberships for all IU staff (Bloomington and Northwest) are processed through the IUB office.