



CWA 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: _____ Work Phone: _____

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

Department: _____ Campus: _____

Work Address: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____

Received by: _____ Date: _____

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

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