



**Communications Workers of America  
Local 4502  
399 E Main Street, Suite #200  
Columbus, OH 43215**

**Membership Application Card**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Personal Email (non employer) \_\_\_\_\_

Last Four Digits of SS# \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Hire \_\_\_\_\_

Department \_\_\_\_\_

Division \_\_\_\_\_

Job Classification \_\_\_\_\_

By providing my cell phone number, I understand and agree that the Union may use automated calling technologies and/or text message me on my cell phone on a periodic basis, and that I can unsubscribe from these messages at any time. Carrier message and data rates may apply to such texts.

Membership Application: I hereby apply for membership in Communications Workers of America, Local 4502 ("Union") and agree to abide by the Union's Constitution and Bylaws. My membership in the Union shall be continuous unless I send written notice to Union that I intend to resign.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Communications Workers of America,  
Local 4502  
399 E Main Street, Suite #200  
Columbus, OH 43215**

**Payroll Deduction Authorization Agreement**

Beginning in \_\_\_\_/\_\_\_\_, I hereby authorize the City of Columbus to deduct from my  
(Month/Year)

compensation, and each month thereafter, an amount equal to regular monthly union dues, as certified in writing to the City of Columbus by the Treasurer of Communications Workers of America, Local 4502 ("Union"), or the Union's duly constituted agent. Each amount so deducted shall be remitted by the City of Columbus to the Treasurer of Union, or the Union's duly constituted agent. If for any reason the City of Columbus fails to make a deduction, I authorize the City of Columbus to make and remit such deduction in a subsequent payroll period.

I understand and agree that this Payroll Deduction Authorization Agreement is voluntarily made and not conditioned on my present or future membership in the Union, nor is it considered a quid pro quo for Union membership. This authorization is irrevocable and shall continue in effect, regardless of membership in the Union, unless it is cancelled by written notice to the City of Columbus Payroll Department and the Treasurer of Union, not less than ten (10) days and not more than twenty-five (25) days before any annual anniversary date of my execution of this Payroll Deduction Authorization Agreement, not less than ten (10) days and not more than twenty-five (25) days before any annual anniversary date of the effective date of a Collective Bargaining Agreement between the Union and the City of Columbus, or at or after the date of expiration or termination of the Collective Bargaining Agreement between City of Columbus and the Union.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Employee Authorizing Payroll Deduction)

Return this Payroll Deduction Authorization Agreement to:

CWA Local 4502  
399 E. Main Street  
Suite 200  
Columbus, OH 43215