Communications Workers of America

American Airlines Payroll Deduction Authorization



Select One Option Below

I hereby request	and accept members	hip in the Communications	
Workers of America, and au	thorize American Airli	nes to deduct from my salary an	
amount equal to regular mo	onthly Union dues for	remittance to the Union. This	
authorization shall remain i	n effect unless I cance	l by providing a written and	
signed notice to American A	Airlines with a duplicat	te sent to my Local Union office	
via certified mail.			
I do not wish to	become a member of	the Communications Workers of	
America. I do authorize Ame	erican Airlines to dedu	ct from my salary an amount	
equal to regular monthly Ur	nion dues for remittan	ce to the Union. This	
authorization shall remain i	n effect unless I cance	l by providing a written and	
signed notice to American A	Airlines with a duplicat	te sent to my Local Union office	
via certified mail.			
*Indicates mandator	y field		
*Name (print):		*Date of Hire:	
*Work Location:	*American	*American Employee #:	
*Home Address:		*Apt:	
*City:	*State:	*Zip:	
Personal E-Mail Address			
Cell:	Home Phoi	Home Phone:	
*Signature:		*Date:	