Communications Workers of America

Piedmont Airlines Payroll Deduction Authorization

Select One Option Below

_____ I hereby request and accept membership in the Communications Workers of America and authorize Piedmont Airlines to deduct from my salary an amount equal to regular monthly Union dues for remittance to the Union. This authorization shall remain in effect unless I cancel by providing a written and signed notice to Piedmont Airlines with a duplicate 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 Piedmont Airlines to deduct from my salary an amount equal to regular monthly Union dues for remittance to the Union. This authorization shall remain in effect unless I cancel by providing a written and signed notice to Piedmont Airlines with a duplicate sent to my Local Union office via certified mail.

**Indicates mandatory field*

*Name (print):_____ *Date of Hire: _____

*Work Location: _____ *Piedmont Employee #:_____

*Home Address:_____ *Apt:_____

*City: _____ *State: _____ *Zip: _____

Personal E-Mail Address _____

Cell Phone:_____Home Phone: _____

Signature:**_____Date:**_____

Submit form by email to cwa1171office@gmail.com