



MEMBERSHIP APPLICATION FOR APSA LOCAL 6001

If you are an unrepresented airline passenger service employee who wants a voice in your job, workplace and profession, join with us in building a national organization. We are forming a national union for airline agents (airport and gate agents, reservations agents, skycaps, premium services, etc.) who want collective bargaining rights but have not yet built the kind of support that we need to win a union election. Our organization is governed by airline passenger service employees and is being supported by the Communications Workers of America (CWA). CWA represents more than 190,000 employees in the airlines and customer service occupations. Membership is open to all American Airlines Agents, current and retired.

First Name American Airlines		Last Name	
Your Airline	Employee #	Station	Job Function/Title
Home Address (Street and/or P.O. Box, if any)			Apt./Suite
City	State	Zip (Zip +4)	Home Phone with area code
Personal Email Address (Not AA)			Cell Phone with area code

Membership Category (Check One)

- Full Time Employee Making more than \$15.00 Per Hour **\$20.00 Monthly Dues**
- Full Time Employee Making \$15.00 Per Hour or Less **\$15.00 Monthly Dues**
- Part-Time Employee Furloughed or Retired **\$10.00 Monthly Dues**

Payment can be Credit/Debit card or Bank Draft from Checking or Savings Account. Fees charged to your union are lower if you use ACH/Bank Draft from Checking or Savings Account.

Credit/Debit Card Information for Monthly Dues:

- I authorize the Association of Passenger Service Agents/CWA to charge the following credit card account the membership dues payment of, \$_____ per month (fill in amount from membership category chosen above). Print your name below EXACTLY as it appears on your card of choice

Your name printed exactly as it appears on your credit card.

Credit Card (check one): _____ VISA or _____ MasterCard
Acct. # _____ Exp. Date: _____

Signature _____

Bank Account Debit Information:

- I authorized the Association of Passenger Service Agents/CWA to debit my bank account with the membership dues payment of \$_____ per month (fill in amount from membership category above)

Bank Name _____ Checking or Savings Account Number _____

Bank Address/Street _____ City _____ State _____ Zip _____

ABA Transit/Routing Number _____ Your Signature _____

Monthly dues will be charged to members within 5 business days after receiving your 2nd monthly paycheck. Do not send money with this application. To change banking information or membership status, please call us at 817-868-9933 or email us at cwa4aa@sbcglobal.net.

MAIL COMPLETED FORM TO: APSA Local 6001, 1001 W. Euless Blvd, Suite 204, Euless TX 76040