



Membership Application

- Please print
- Complete entire form
- Sign by the X

Association of Flight Attendants-CWA AFL-CIO

501 Third Street, NW, Washington, DC 20001

Toll Free • 800• 424•2401

Full Name: _____
First Middle Last

Gender: ☐ female ☐ male ☐ non-binary ☐ other: _____ Birthdate: _____

Mailing Address: _____
Street Apt.

City State Zip Telephone: () _____

Cell Phone: () _____ Email: _____

Are you a citizen of the United States? ☐ yes ☐ no If no, where do you hold citizenship? _____

Education Level ☐ H.S. graduate ☐ some college ☐ college graduate ☐ post-graduate work | ☐ I am a veteran

Additional special skills that may be utilized by AFA-CWA: _____

Airline: _____ Base: _____ Employee/Payroll Number: _____ Bidding Seniority Date: _____

NEW HIRES ONLY: First Day of Training: _____ Expected Training Graduation Date: _____

If you were previously employed with another airline, please indicate:

Which airline: _____ Employment dates: _____ Position: _____

For good and valuable consideration received, I accept and agree to abide by the bylaws of the Association of Flight Attendants-CWA as they are now in force, or as amended, changed, modified or adopted by the Board of Directors of the Association of Flight Attendants-CWA.

Authorization for Representation Under the Railway Labor Act

I, _____, the undersigned, hereby authorize the Association of Flight Attendants-CWA, in accordance with the provision of the Railway Labor Act of 1926 and all amendments thereto, exclusively to represent me and on my behalf, to negotiate and conclude all agreements of a similar or related character as to rates of compensation, hours of employment, and other employment conditions, including but not limited to the power and authority to represent and bind me in the presentation, prosecution, adjustment and settlement of all grievances, complaints and disputes of any kind or character arising out of any employer- employee relationship, and for all other purposes that come within the scope of employee representation.

This full power and authority to act for the undersigned as described herein supersedes any power or authority heretofore given to any other person or organization to so represent me.

X _____
Signature Date Signed