

### BE A MEMBER TO BUILD WORKER POWER

CWA LOCAL 1036 protects our rights and advocates for better benefits and working conditions:

- Negotiates contracts, including salary, leave time, and other workplace policies
- Enforces our contract through grievances, legal challenges, representation in disputes with the employer
- Provides legislative advocacy on issues that affect our pensions, benefits, workplace health and safety, property taxes, and funding for public services
- Assists members with family leave issues, civil service appeals, counseling and professional development
- Promotes universal workers' rights, such as paid sick leave, paid family leave, and minimum wage

In these tough times, we are all stronger when we stick together. Membership means you have a say in contract negotiations, workplace issues, union elections, and other union decisions.

## FILL OUT THE CARD BELOW AND ADD YOUR VOICE TO THE UNION

### CWA LOCAL 1036 AFL-CIO

				Last	First	M.I.
PAYROLL NO.	SOCIAL SECURITY NUMBER			PRINT EMPLOYEE NAME		
<p><b>AUTHORIZATION FOR EMPLOYEE ORGANIZATION DEDUCTION</b></p> <p>I hereby authorize the State of New Jersey to make bi-weekly deductions from my salary in an amount certified to you by the Union. The amount deducted shall be paid to the Secretary-Treasurer of the Union. I understand that this authorization shall remain in effect unless cancelled by me in writing pursuant to the provisions of the negotiated contract.</p>						
EMPLOYEE ORGANIZATION	<b>LOCAL 1036</b>			NAME _____		
	Union Membership dues and agency fees are not deductible as charitable contributions for Federal income tax purposes. Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.			HOME ADDRESS _____		
FOR PAYROLL CLERK USE ONLY						
CODE	BI-WEEKLY AMOUNT _____			CITY/STATE _____ ZIP _____		
				HOME PHONE _____		WORK PHONE _____
				JOB TITLE _____		
				DEPT & LOCATION _____		
				EMPLOYEE SIGNATURE _____		DATE _____
				PAYROLL CLERK SIGNATURE _____		DATE _____

Please return to your Steward, fax to (609) 530-0638, or email to [information@cwa1036.org](mailto:information@cwa1036.org)