



# Pacific Media Workers Guild

The NewsGuild - CWA Local 39521

433 Natoma St., 3rd Floor, San Francisco, CA 94103

415.421.6833

FAX 415.421.3751

## Membership Application

I designate The NewsGuild and the Pacific Media Workers Guild my agent in collective bargaining, and authorize the NewsGuild-CWA and the Pacific Media Workers Guild to represent me before any board, court, committee or other tribunal in any matter involving collective bargaining and I authorize The NewsGuild-CWA and the Pacific Media Workers Guild to represent me in adjusting any grievances I may have in connection with my employment. I pledge myself to abide by the Constitution of The NewsGuild-CWA and the bylaws of the Pacific Media Workers Guild.

Name in full: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male Female Ethnicity: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Location: \_\_\_\_\_ Department: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Salary: \_\_\_\_\_

Employee number: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Have you ever been a member of the Guild before?      Yes      No  
If yes, where? \_\_\_\_\_

Previous experience can affect your pay under some contracts.

Please list all experience in the news and media industry and comparable work, giving city, company, job title and dates on the back of this form.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

Once signed and dated, please give it and your DUES CHECKOFF form to your steward or mail to:

Pacific Media Workers Guild  
c/o Margo Brenes  
433 Natoma St., 3rd Floor  
San Francisco, CA 94103

