



# Pacific Media Workers Guild

THE NEWSPAPER GUILD - CWA LOCAL 39521

433 Natoma Street, San Francisco, California, 94103  
415.421.6833 FAX 415.421.3751

## Membership Application

I designate The Newspaper Guild and the Pacific Media Workers Guild my agent in collective bargaining, and authorize The Newspaper Guild-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 Newspaper Guild-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 Newspaper Guild-CWA and the bylaws of the Pacific Media Workers Guild.

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

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

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

Work phone: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Work e-mail: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

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

Newspaper or unit: \_\_\_\_\_ Job title: \_\_\_\_\_

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

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

Employee Number: \_\_\_\_\_  Hourly  Weekly

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

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

New application?  Reinstatement?

Please list all experience in newspaper and comparable work, giving city, company, job title and dates on the back of this form. Previous experience can affect your pay under some contracts.

Date of application: \_\_\_\_\_ Signature: \_\_\_\_\_

Please sign and mail this form with your dues CHECKOFF form, if applicable, to the above address or give it to your Shop Steward.

