

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

JCAU – JOINT COUNCIL OF AFFILIATED UNIONS AFL-CIO

				Last	First	M.I.
PAYROLL NO.	SOCIAL SECURITY NUMBER			PRINT EMPLOYEE NAME		
<p>AUTHORIZATION FOR EMPLOYEE ORGANIZATION DEDUCTION</p> <p>I hereby apply for membership in the NJ AFL-CIO Judiciary Council of Affiliated Unions. I further authorize the State of New Jersey to make bi-weekly dues deductions from my salary in the amount certified by the Union, and to remit such dues to the Union. I understand that this authorization will remain in effect unless canceled by me in writing pursuant to the provisions of the negotiated contract.</p>						
<p>Note: Union dues are not deductible for income tax purposes as charitable contributions, although they may be deductible as business expenses in accordance with the Internal Revenue Code.</p>				NAME _____		
				HOME ADDRESS _____		
<p>NJ AFL-CIO JUDICIARY COUNCIL OF AFFILIATED UNIONS CWA 1036</p>				CITY/STATE _____ ZIP _____		
				HOME PHONE _____		WORK PHONE _____
FOR PAYROLL CLERK USE ONLY						
CODE	BI-WEEKLY AMOUNT _____			JOB TITLE _____		
				DEPT & LOCATION _____		
				EMPLOYEE SIGNATURE _____		DATE _____
				PAYROLL CLERK SIGNATURE _____		DATE _____

Personal Email:

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