AFA Authorization Card

Fill out and mail to:

Association of Flight Attendants-CWA
518 C St NE
Washington, DC 20002

Please print legibly. Thank you.

YES! I want to join forces with tens of thousands of other Flight Attendants for positive change in our industry. I want the Association of Flight Attendants-CWA to represent me and the other Flight Attendants at my airline.

Print Full Name

Address

City | State | Zip

Home Phone | Cell Phone | ☐ Yes ☐ No OK to text/SMS?

Email Address (*non-work*) | Airline

Employee # | Base/Domicile

Signature (*Required*) | Date (*Required*)

☐ ***By checking this box, I indicate that I want you to use my name as a public supporter of AFA-CWA.***

☐ ***I know it takes all of us to build a strong union. I want to help talk to my co-workers about AFA-CWA.***