

# 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.

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Print Full Name

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Address

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City

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State

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Zip

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Home Phone

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Cell Phone

Yes  No  
OK to text/SMS?

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Email Address (*non-work*)

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Airline

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Employee #

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Base/Domicile

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Signature (*Required*)

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Date (*Required*)

*I'd like to learn more about becoming 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.*