

# 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*)

☐

*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.*