



CWA LOCAL 9003 APPLICATION FOR STEWARDSHIP

Name: _____ SS#: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Job Location: _____

Employment Date: _____ Supervisor: _____ Job Title: _____

Home Ph: _____ Work: _____ Cell: _____

Home E-Mail: _____ Shift/Hours: _____

Reasons you want to be a steward: _____

How do you think you can help your union and/or co-workers as a steward?

Have you ever been a steward or worked for a union before? YES _____ NO _____

Where and when? _____

Have you read any of your contract? YES _____ NO _____

Will you, as a steward, be willing to attend training? YES _____ NO _____

As a steward, will you be able to attend union meetings? YES _____ NO _____

*** Please remember if you are chosen as a steward of this Local, you must be willing to devote a reasonable amount of personal time. As a steward you are the cornerstone of the Local and must set an example for your co-workers as their spokesperson.*

SIGNATURE _____ DATE _____

Thank you for applying – Return completed application to: **info@CWA9003.org**