



**COMMUNICATIONS WORKERS OF AMERICA
LOCAL 9415
STEWARD APPLICATION**

NAME: _____ SOCIAL SECURITY NUMBER: _____

COMPANY: _____ HOW LONG EMPLOYED: _____

WORK ADDRESS: _____

HOME ADDRESS _____

(street address)

(city)

(state)

(zip)

HOME PHONE:() _____ WORK PHONE:() _____

ARE YOU ON ANY WARNING?: _____ EXPLAIN: _____

REASON (S) YOU WANT TO BE A STEWARD: _____

HOW MUCH TIME ARE YOU WILLING TO SPEND AS A STEWARD? _____

TRANSFER FROM ANOTHER LOCAL?: _____ LOCAL: # _____

SIGNATURE: _____ DATE: _____

FOR LOCAL USE ONLY

WE REQUEST THAT THE ABOVE NAMED MEMBER BE CERTIFIED E-CERTIFIED

CONTRACTUAL VICE PRESIDENT OR ALTERNATE

EXECUTIVE VICE PRESIDENT

APPROVED

NOT APPROVED

PRESIDENT

DATE