



The Independent Association of Publishers' Employees
The NewsGuild CWA Local 1096

Union Membership Form

(Scan/Email To: union@iape1096.org Or Mail To: 116 Village Boulevard, Suite 200, Princeton, NJ 08540)

Date: _____

Employee Name: _____ Employee # _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Home Email Address: _____

Membership Preference (please check one):

- Becoming a member
- Not becoming a member *(You are still obligated to pay an equivalent-to-dues fee unless you work in a right-to-work state.)*

Payment Preferences (please check one):

- I want to pay my dues or fees through automatic payroll deduction. *(Please be sure to fill out the Payroll Deduction Authorization Form on page 2.)*
- I will begin paying monthly dues or fees by check directly to IAPE. *(See Article X of IAPE/Dow Jones collective bargaining agreement for more information.)*

IAPE Dues Schedule	
IAPE union dues are assessed at a rate of 0.7% of biweekly regular pay and commissions.	
<i>For example:</i>	
Weekly Salary	Dues Per Pay Period
\$800	\$11.20
\$1200	\$16.80
\$1600	\$22.40
\$2000	\$28.00

I hereby apply for membership in the Independent Association of Publishers' Employees.

Print Name

Signature

Job Department

Job Title

Hire Date

Work Location (City)