



Independent Association of Publishers' Employees The Newspaper Guild CWA Local 1096

Membership Application

Mail to: **IAPE**
5 Schalks Crossing Road, Suite 220
Plainsboro, NJ 08536
Or fax to: **609-275-6023**

Date: _____

Employee Name: _____ Employee # _____
First Last

Address: _____ Phone # _____

E-Mail Addresses: _____
Work Home

Membership Preferences (please check one)

- Becoming a member
- Not becoming a member *(even if you select this option you still must pay dues or the equivalent unless you work in a right-to-work state.)*

Payment preferences (please check one)

- I want to pay my dues or equivalent fees through automatic payroll deduction. *(Please be sure to fill out the Payroll Deduction Authorization Form.)*
- I will begin paying monthly dues or equivalent fees by check directly to IAPE. *(Begin immediate payments according to the dues schedule.)*

IAPE DUES

IAPE union dues are assessed at a rate of 0.7% of weekly regular pay and commissions, up to a maximum fee of \$20.77 per bi-weekly pay period.

For example:

WEEKLY SALARY	DUES PER PAY PERIOD
\$500	\$7.00
\$1,000	\$14.00
\$1,500	\$20.77

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

Job Title: _____ Department: _____ Location: _____

Company: _____ (Dow Jones, MarketWatch, etc.) Hire Date: _____

Applicant's Signature: _____

Revised October, 2010