

ASSIGNMENT AND AUTHORIZATION FOR VOLUNTARY CHECK-OFF OF ASSOCIATION DUES

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To: Southwest Airlines (SWA)

(Please print name) First Mid	dle Initial Last	offize SWA to deduct from my earnings two
times my base hourly rate, excluding as payment of monthly Association dues, initiation fees,* and assessme	ng premiums, each month and remit to the Aircra membership dues. I further authorize SWA to nts as may hereafter be established by the Asso the terms and conditions of the Railway Labor	of the Mechanics Fraternal Association (AMFA) deduct such standard monthly membership ciation. Such amount so deducted is hereby
	ng agreement, if such agreement exists.	•
*Initiation fees pertain only to ne	w hires.	
	nay be revoked by me in writing after one (1) e Association at the address below.	year from the date hereof. Such revocation
Address		Please complete and return to:
City, State & Zip		AMFA NATIONAL
	Employee #	7853 E Arapahoe Court, Suite 1100 Cemtennial, CO 80112
Station	Local#	
Hire Date	Return to Work Date	
Signature	Date	