

COALITION FOR A
DEMOCRATIC WORKPLACE

Membership Agreement Form

Please print clearly and fax back to Jade West at 202-296-5940

Yes. We will join the Coalition for a Democratic Workplace as a Steering Committee Member.* Please invoice us.

Yes. We will join the Coalition for a Democratic Workplace as a General Member.*

** Please note that your organization will be placed on the Coalition's membership list and identified with CDW's public advertisements and statements.*

Name:		
Organization:		
Address:		
City:	State:	Zip:
Email:		
Signature:		

Are you willing to talk to the press about card-check? Yes or No Print or TV

Are you willing to testify at Congressional hearings? Yes or No

Are you willing to actively lobby on this issue? Yes or No

Are you willing to help organize at the state level? Yes or No

➤ If "Yes," do you have state and/or local affiliates: Yes or No

For associations only: How many members do you have? _____

How many individual employees are included in your membership? _____

For more information contact Jade West at 202-872-0885 or jwest@nawd.org.