

## **CWA Education Registration Form**

PLEASE 1	PRINT	Please check the training course you are now attending
First Name La	ast Name	□ Steward
		☐ Local Leadership 1 <sup>st</sup> Year
		☐ Local Leadership 2 <sup>nd</sup> Year
District/Sector Local	Date	☐ Local Officers Training
		☐ Local Union Election
Address		Training
		☐ Minority Leadership Institute
City	State Zip Code	☐ Issue Training:
		Other:
Mobile Number  □ Yes, I would like to receive CW (Message and data rates may ap		
Email:		
	ng the CWA Newsletter I wou ollowing CWA Email Alerts:	
□ Speed Matters (Telecom Policy)	□ Next Generation	□ Retirees
□ Political/Legislative Alerts	□ Human Rights	☐ Health and Safety

District Office Please Retain A Copy of Completed Form

Mail a Copy to CWA Education Department 501 Third Street, NW, Washington, D.C. 20001