



Interpreters Guild of America

A unit of the California Federation of Interpreters, The Newspaper Guild, Communications Workers of America, Local 39000

I acknowledge that the Interpreters Guild of America (IGA) is a professional organization that advocates for the interpreter profession and is a division of The Newspaper Guild - Communication Workers of America (TNG-CWA) and the California Federation of Interpreters Local 39000 (CFI). As an independent contractual interpreter, I designate TNG-CWA and CFI Local 39000 as my agent in advocating for the interpreting profession through organizing, sharing of information, education, networking, and lobbying. As a member of the Interpreters Guild of America, I commit to abide by the TNG-CWA and CFI-IGA bylaws.

Name in Full:					
Address:					
City:		State		Zip	
Work phone:			Home/Cell#		
Email					
Date of birth		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Neutral <input type="checkbox"/> Decline to answer		Ethnicity:	
Certification/ Registration:	<input type="checkbox"/> Court <input type="checkbox"/> Medical <input type="checkbox"/> Working on it <input type="checkbox"/> Student				

Date

Signature

Authorization for Debit Entries “Check-less Dues”

I hereby authorize the California Federation of Interpreters Local 39000 hereinafter called “CFI”, to initiate debit entries to my checking/savings account indicated below and the depository name below, hereinafter called “DEPOSITORY”, to debit the same account.

Depository (Bank) Name:	
City, State and Zip	
ABA Number (routing number, bottom left of check):	Account Number (next set of numbers after ABA/routing):
<input type="checkbox"/> \$12.00 debited on the 5 th of the month	<input type="checkbox"/> \$12.00 debited on the 15 th of the month

This authority is to remain in full force and effect until “CFI” and “DEPOSITORY” has received written notification from me of its termination in such time and in such manner as to afford “CFI” and “DEPOSITORY” a reasonable opportunity to act on it.

Print Name:	Email:
Date:	Signature:

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