

Forward to:
CWA Membership & Finance
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Washington, DC 20001-2797
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CHANGE/DELETION NOTICE

TO BE COMPLETED AFTER
RECOGNITION OR CERTIFICATION



1. Effective Date: _____
2. Employer (unit) number: _____
3. A. Employer: _____
B. Bargaining Unit (if applicable): _____
(Describe Work Force)
C. Subsidiary of (if applicable): _____
4. A. Employer's HQ Location: (City and State) _____
B. Bargaining Unit Location: (City and State) _____
5. Local Number: _____
6. Form 9A prepared by: (Name and Date) _____
7. A. Received by Membership & Finance Section: (Name and Date) _____
B. Processed by Membership & Finance Section: (Name and Date) _____

8. CHANGE

- A. Employer Name _____
From: _____
To: _____
- B. Location (HQ/BU)
From: _____
To: _____
- C. Other (explain fully): _____

9. DELETE

- A. Employer _____
OR
Bargaining Unit (describe workforce): _____
- B. Reason: (explain fully): _____

FOR Membership & Finance SECTION USE ONLY

DISTRIBUTE TO:

Organizing
Compliance
Membership Dues
District VP
Labor Management Pension Fund

And, if applicable to:
Sector Vice Presidents