



Date: _____

To: CWA District Vice President _____

From: President _____

Local _____

Subject: Request for Dues Split Change

This is to request that the following unit(s) be approved for a 70/30 or 75/25 dues split.

Unit Name	PU Number	Potential Members	Dues Split

Our Local will administer all affairs for this unit(s), which meets the guidelines established by the Executive Board and outlined in Section 10.1.1 (pg2) of the U.O.P.M.

Approvals:

District Vice President _____

Secretary-Treasurer _____

Effective Date: _____

cc: Membership Dues Department