STANDARD DUES REPORT

Company Name: _____
Street Address: _____
City, State, ZIP: _____

Salary Information	
☐ monthly	☐ semi-monthly
☐ weekly	☐ bi-weekly
☐ hourly	

Processing Unit Number: _____
Local Number: _____
Dues Month & Year: _____

Social Security Number	Employee's Name	Payroll Number	Hourly Rate & Base Hours or Base Wage		Monthly Dues Amount Deducted	Monthly Dues Deducted	Other Deductions			Total Deductions	Remarks
			Amount	Hours			Initiation Fees	Make-up Dues	Advance Dues		
				Page Totals							
				Grand Totals							

Please make checks payable to:

Communications Workers of America

Mail check and report to:

CWA DUES
SunTrust Bank
P.O. Box 79176
Baltimore, MD 21279-9808

Or e-mail to: duesmloforms@cwa-union.org

Submitted by: _____ Title: _____ Telephone Number: _____ Date: _____

MLO-504
(05/09)