

COMMUNICATIONS WORKERS OF AMERICA

501 3rd Street

Washington, DC 20001-2797

Attention: MEMBERSHIP DUES DEPARTMENT



TRANSFER REQUEST FORM

Date: _____

Local: _____

The local requesting this transfer should complete boxes 1 **and** 2 of this form and keep the bottom copy for their records. Then mail this form to the member's current local. The member's current local should complete and sign box 3 **or** 4. Return one copy to the originating local, mail one copy to the International office, and retain one copy for their files.

PLEASE TYPE OR PRINT FIRMLY WITH BALL POINT PEN

Box 1	Please transfer this member
	FROM LOCAL _____ INTO LOCAL _____
	SS#: _____ Phone: _____
	Name: _____
	Address: _____
	City: _____ State: ____ Zip: _____

Box 2	We request this member be transferred FROM Local _____ INTO Local _____.
	Reason: _____
	Initiation Fee owed: \$ _____
	_____ Signature _____ Date

Box 3	We agree to transfer this member TO Local _____ FROM _____.
	Initiation Fee owed: \$ _____
	_____ Signature _____ Date

Box 4	We DO NOT agree to this transfer.
	Reason: _____
	_____ Signature _____ Date

White copy = International Yellow copy = Originating Local
Pink copy = Transferred Local Goldenrod copy = Originating Local 1st copy