

**ORGANIZING
PROJECT DROPPED NOTICE (FORM 3)**

Organizing	Communications Workers of America	Form 3
	PROJECT DROPPED NOTICE	Date _____
Company Name _____ City/State _____		
Product/Service _____ Potential _____		
Reason for Dropping _____		

Follow-up Program - Describe Extent and Responsibility _____		

CWA Staff _____ Local No. _____ DOP No. _____		