



**EXPANSION OF LOCAL JURISDICTION
FORM MLO--114**

We, of Local _____, CWA, acting in accordance with the CWA Constitution and the Bylaws of this Local, hereby request approval to expand our Local jurisdiction as follows:

Reason for request: _____

To be completed by
Vice President's office:

Date Approved: _____

By: _____

Effective Date of
Revised Charter: _____

Copy for:
International (White)
District (Yellow)
District (Pink)
Local (Goldenrod)

MLO-114
3/69

Signed: _____
Local President

Local Secretary

Third Signature

Fourth Signature

Fifth Signature

Date: _____

