



COMMUNICATIONS WORKERS OF AMERICA

501 3rd Street, N.W.
Washington, D.C. 20001
Attention: Membership Dues Department

**MEMBER STATUS CHANGE NOTIFICATION
MEMBER TO NON-MEMBER/AGENCY FEE PAYER**

COMPANY NAME: _____ LOCAL NO.: _____ PROCESSING UNIT NO.: _____

SOCIAL SECURITY NUMBER	NAME	NEW STATUS (CHECK ONE)		STATUS CHANGE EFFECTIVE DATE	EXPLANATION
		Non-Member	Agency Fee Payer		
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WE REQUEST AND AUTHORIZE CWA INTERNATIONAL HEADQUARTERS TO RECORD THE CHANGES IN MEMBERSHIP STATUS NOTED ABOVE.

SIGNED BY: _____ TITLE: _____ DATE: _____

ACKNOWLEDGED BY: _____ TITLE: _____ DATE: _____

