



COMMUNICATIONS WORKERS OF AMERICA

501 3rd Street, N.W.
Washington, D.C. 20001

Attention: Membership Dues Department

Page _____ of _____

**REQUEST FOR AUTOMATIC DEDUCTION OF PER CAPITA
AND DEFENSE FUND FOR DUES PAID TO LOCAL**

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

ACTION (CHECK ONE)	EFFECTIVE DATE	SOCIAL SECURITY NUMBER	MEMBER'S NAME AND ADDRESS	* MEMBER CODE	WEEKLY BASE WAGE
(<input type="checkbox"/>) Start Deduction (<input type="checkbox"/>) Cancel Deduction (<input type="checkbox"/>) Change Base Wage			NAME: STREET: CITY: STATE: ZIP: E-MAIL:		
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THIS IS TO AUTHORIZE THE INTERNATIONAL TO TAKE THE ACTION DESCRIBED ABOVE UNTIL ADVISED, IN WRITING, OF A CHANGE OR CANCELLATION

SUBMITTED BY: _____ TITLE: _____ DATE: _____

* R = Retired
A = Active Member/AFP

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Copy to Local

MLO-81
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