CWA Retired Members' Council
501 3rd Street NW
Washington DC 20001-2797
rmc@cwa-union.org fax 202.434.0653

Registration

☐ ***Delegate*** ☐ ***Guest***

(kindly print)
Name _____

Address _____

City, State, Zip _____

Phone _____

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Chapter _____

I am a COPE Contributor ☐ Yes ☐ No

(For delegate only)

My chapter is interested in discussing the following topic:

_____

_____

_____

_____

Return Registration by email, fax or postal mail by June 11 to

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