



**ORGANIZING
CHANGE/DELETION
NOTICE**

*TO BE COMPLETED AFTER
RECOGNITION OR CERTIFICATION*

**Forward to:
CWA Membership & Finance
501 Third Street, NW
Washington, DC 20001-2797
DuesPU@cwa-union.org**

- 1. Effective Date: _____
- 2. Employer (unit) number: _____
- 3. A. Employer: _____
B. Bargaining Unit (if applicable): _____
(Describe Work Force)
C. Subsidiary of (if applicable): _____
- 4. A. Employer's HQ Location: (City and State) _____
B. Bargaining Unit Location: (City and State) _____
- 5. Local Number: _____
- 6. Form 9A prepared by: (Name and Date) _____
- 7. A. Received by Membership & Finance Section: (Name and Date) _____
B. Processed by Membership & Finance Section: (Name and Date) _____

8. CHANGE

- A. Employer Name _____
From: _____
To: _____
- B. Location (HQ/BU)
From: _____
To: _____
- C. Other (explain fully): _____

9. DELETE

- A. Employer _____
OR
Bargaining Unit (describe workforce): _____
- B. Reason: (explain fully): _____

| | |
|--|------------------------|
| FOR Membership & Finance SECTION USE ONLY | |
| DISTRIBUTE TO: | |
| Organizing | |
| Compliance | And, if applicable to: |
| Membership Dues | Sector Vice Presidents |
| District VP | |
| Labor Management Pension Fund | |