

COMMUNICATIONS WORKERS OF AMERICA

501 3rd Street, NW

Washington, DC 20001-2797

LOCAL: DATE:

INCOMING MEMBERS

Attention: MEMBERSHIP & FINANCE DEPARTMENT

NAME, ADDRESS, SS#	STATUS *	DH Add /	DATE EFFECTIVE	EMPLOYER PU# or Call
(INCLUDE SS# ON ALL)		Remove	(Init Date)	letters
SSN:				
NAME:				
ADDRESS:				
CITY/STATE/ZIP:				
SSN:				
NAME:				
ADDRESS:				
CITY/STATE/ZIP:				
SSN:				
NAME:	<u> </u>			
ADDRESS:				
CITY/STATE/ZIP:				
SSN:				
NAME:				
ADDRESS:				
CITY/STATE/ZIP:				
SSN:				
NAME:				
ADDRESS:				
CITY/STATE/ZIP:				

COMMENTS:

*STATUS CODES:

N = NEW MEMBER

T#(local #) =TRANSFER from LOCAL #(Complete TRANSFER REQUEST)

W = FROM WITHDRAWAL

O = COMING BACK FROM OUT

L = LEAVE OF ABSENCE (ANY LOA)

AFP= Agency Fee Payer (code as AFP)

Mark Add or Drop in DH column if changing DH status only and is to remain active member

LOCAL TREASURER'S SIGNATURE