



CWA Retired Members' Chapter
Request for Information
Fax to 202.434.1481 or
Email to Cmason@cwa-union.org

Name _____ Date _____ Need by Date** _____

Chapter _____ District _____

Address _____

Telephone _____ Email _____

****Please allow 10 business days after the receipt of request for the report or labels to be created and delivered****

1. What group of retirees do you want? _____

2. What data do you want? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Name and address | <input type="checkbox"/> Home Local |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Employer code |
| <input type="checkbox"/> Cell # | <input type="checkbox"/> Chapter |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other (specify _____) |
| <input type="checkbox"/> Status | |

3. What format do you want and how do you want it delivered? (check all that apply)

- Excel file by email. Sort file by (circle one) Zip, Name, Other __ State _____
- Excel file – printed and mailed. Sort file by (circle one) Zip, Name, Other _____
- Word file formatted for Avery labels 5161 by email. Sort file by (circle one) Zip, Name, Other _____
- Avery 5161 labels printed and mailed Sort by (circle one) Zip, Name, Other _____

5. How will you use this data?

- Organizing Mobilizing Political Action

Mail, fax or email form to:

CWA Retired Members Council, 501 3rd St NW, Washington, DC 20001-2797
202. 434.1481 fax or email Cmason@cwa-union.org



RMC use only

Date request received _____ Date request sent _____ Comments _____

