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)
   ___ Name and address ___ Home Local
   ___ Telephone ___ Employer code
   ___ Cell # ___ Chapter
   ___ Email ___ Other (specify _______________________________)
   ___ 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 ____________________

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RMC - 05