



CWA RETIRED MEMBERS' CHAPTER OFFICER UPDATE

Submitted by _____

Title _____ Date _____

The following are changes to chapter officer(s)

<input type="checkbox"/> Remove <input type="checkbox"/> Add	Chapter	Officer Title
Name		
Address		
City	State	Zip
Home Phone	Cell Phone	
Email		

<input type="checkbox"/> Remove <input type="checkbox"/> Add	Chapter	Officer Title
Name		
Address		
City	State	Zip
Home Phone	Cell Phone	
Email		

<input type="checkbox"/> Remove <input type="checkbox"/> Add	Chapter	Officer Title
Name		
Address		
City	State	Zip
Home Phone	Cell Phone	
Email		

Mail, fax or email to
CWA Retired Members' Council, 501 3rd St, NW, Washington, DC 20001-2797
fax 202-434-1481, cmason@cwa-union.org



RMC use only
Date request received _____ Date records updated _____ Comments _____