



**PROJECT COMPLETION
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. Date of Election (if applicable): _____
2. A. Employer: _____
B. Bargaining Unit (Describe Work Force): _____
C. Subsidiary of (if applicable): _____
3. A. Employer's HQ Location: (City and State) _____
B. Bargaining Unit Location: (City and State) _____
4. Product and/or type of business: (Describe Fully) _____
5. A. Staff assigned to negotiate the contract: _____
OR
B. Unit to be folded into existing unit; if so, give existing unit number: _____
6. A. Potential members: _____
B. Actual members: _____
C. Local jurisdiction assigned: Existing Local # : _____
OR
D. New Local charter: Proposed Local # : _____
7. Employer (unit) number assigned: _____
8. How was recognition obtained: _____
9. Election vote record: CWA _____ No union _____ Other union _____
Challenged _____ Void _____ Total _____
10. Unit organized by: (Name, Title, Local If Applicable) _____
11. DOP # : _____
12. This is a (check one of the following):
 Telephone Service (including regulated and non-regulated)
 Communications Systems Industry Company
 Public Workers Unit (Right to Strike)
 Public Workers Unit (No Right to Strike)
 Service Worker Unit
 General Manufacturing Company
 Miscellaneous
13. Form 9 prepared by: _____
14. A. Received by Contract Section: _____
B. Processed by Contract Section: _____

FOR DUES DEPARTMENT USE ONLY	
DISTRIBUTE TO: Organizing Compliance Membership Dues District VP Labor Management Pension Fund	And, if applicable to: Sector Vice Presidents