1. Effective Date: ____

2. Employer (unit) number: ____

3. A. Employer: ____
   B. Bargaining Unit (if applicable): ____
      (Describe Work Force)
   C. Subsidiary of (if applicable): ____

4. A. Employer’s HQ Location: (City and State) ____
   B. Bargaining Unit Location: (City and State) ____

5. Local Number: ____

6. Form 9A prepared by: (Name and Date) ____

7. A. Received by Membership & Finance Section: (Name and Date) ____
   B. Processed by Membership & Finance Section: (Name and Date) ____

8. CHANGE
   A. Employer Name ____
      From: ____
      To: ____
   
   B. Location (HQ/BU)
      From: ____
      To: ____
   
   C. Other (explain fully): ____

9. DELETE
   A. Employer ____
      OR
      Bargaining Unit (describe workforce): ____
   
   B. Reason: (explain fully): ____

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FOR Membership & Finance SECTION USE ONLY

DISTRIBUTE TO:
Organizing
Compliance
Membership Dues
District VP
Labor Management Pension Fund

And, if applicable to:
Sector Vice Presidents

Form 9A
Revised 04/16