



Communications Workers of America
 501 3rd Street, NW
 Washington, DC 20001
 Attn: Finance & Membership Department
 or e-mail to: duesquestions@cwa-union.org

**MEMBER STATUS CHANGE NOTIFICATION
 MEMBER TO NON-MEMBER/AGENCY FEE PAYER**

Company Name: _____ Local: _____ P.U. Number: _____

Social Security Number	Name	New Status (Check One)		Status Change Effective Date	Explanation
		Non-Member	Agency Fee Payer		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

WE REQUEST AND AUTHORIZE CWA INTERNATIONAL HEADQUARTERS TO RECORD THE CHANGES IN MEMBERSHIP STATUS NOTED ABOVE.

Signed By: _____ Title: _____ Date: _____

Acknowledged By: _____ Title: _____ Date: _____

Copies:
 International (e-mail duesquestions@cwa-union.org)
 Local