

COMPANY NAME:

COMMUNICATIONS WORKERS OF AMERICA

501 3rd Street, N.W. Washington, D.C. 20001 Attention: Membership & Finance Department

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PROCESSING UNIT:

EMPLOYEE NAME OR SOCIAL SECURITY CHANGE

LOCAL NUMBER:

AS REPORTED ON H-166 REPORT			CORRECTED INFORMATION	
SOCIAL SECURITY NUMBER	NAME	SOCIAL SECURITY NUMER	NAME	
TOMBER		HOMEK		
T BY:		TITLE:		
KNOWLEDGED BY:			DATE:	

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

Local