



COMMUNICATIONS WORKERS OF AMERICA

501 3rd Street, N.W.

Washington, D.C. 20001

Attention: Membership Dues Department

Page _____ of _____

REQUEST FOR AUTOMATIC DEDUCTION OF PER CAPITA AND DEFENSE FUND FOR DUES PAID TO LOCAL

COMPANY NAME: _____ LOCAL NO.: _____ PROCESSING UNIT NO.: _____

Table with 6 columns: ACTION (CHECK ONE), EFFECTIVE DATE, SOCIAL SECURITY NUMBER, MEMBER'S NAME AND ADDRESS, * MEMBER CODE, WEEKLY BASE WAGE. Contains 8 rows for member information.

THIS IS TO AUTHORIZE THE INTERNATIONAL TO TAKE THE ACTION DESCRIBED ABOVE UNTIL ADVISED, IN WRITING, OF A CHANGE OR CANCELLATION

SUBMITTED BY: _____ TITLE: _____ DATE: _____

* R = Retired
A = Active Member/AFP

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

Copy to Local

MLO-81
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