

# CWA OFFICER INFORMATION FORM

Date: \_\_\_\_\_

CWA Local Number: \_\_\_\_\_

Sector/Division Number: \_\_\_\_\_

**THE ADDRESSES AND E-MAIL ADDRESSES ON THIS FORM SHOULD REFLECT WHERE  
OFFICIAL CWA MAIL IS TO BE SENT FOR LOCAL OFFICERS**

	From Name/Address/Phone	To Name/Address/Phone *
<b>Title:</b>		
<b>Effective:</b>		
	<b>SS#:</b>	<b>SS#:</b>
	<b>Home Phone:</b>	<b>Home Phone:</b>
	<b>Cell Phone:</b>	<b>Cell Phone:</b>
	<b>Local Phone:</b>	<b>Local Phone:</b>
	<b>Work Phone:</b>	<b>Work Phone:</b>
	<b>Fax:</b>	<b>Fax:</b>
	<b>Local E-Mail:</b>	<b>Local E-Mail:</b>

<b>Title:</b>		
<b>Effective:</b>		
	<b>SS#:</b>	<b>SS#:</b>
	<b>Home Phone:</b>	<b>Home Phone:</b>
	<b>Cell Phone:</b>	<b>Cell Phone:</b>
	<b>Local Phone:</b>	<b>Local Phone:</b>
	<b>Work Phone:</b>	<b>Work Phone:</b>
	<b>Fax:</b>	<b>Fax:</b>
	<b>Local E-Mail:</b>	<b>Local E-Mail:</b>

<b>Title:</b>		
<b>Effective:</b>		
	<b>SS#:</b>	<b>SS#:</b>
	<b>Home Phone:</b>	<b>Home Phone:</b>
	<b>Cell Phone:</b>	<b>Cell Phone:</b>
	<b>Local Phone:</b>	<b>Local Phone:</b>
	<b>Work Phone:</b>	<b>Work Phone:</b>
	<b>Fax:</b>	<b>Fax:</b>
	<b>Local E-Mail:</b>	<b>Local E-Mail:</b>

**Special Mailing/E-mailing Instructions:**

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cc: Headquarters (e-mail: cwamail@cwa-union.org)  
 District Office  
 Local Files  
 Appropriate Vice President  
 (ie. C & T, PPMWS, IUE, NABET, etc)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_