



COMMUNICATIONS WORKERS OF AMERICA

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

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, EMPLOYEE'S NAME AND ADDRESS, * MEMBER CODE, WEEKLY BASE WAGE. It contains 12 rows for individual employee entries.

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: _____

- * N = New member - International initiation fee to be deducted
A = Reinstated member - no International initiation fee to be deducted
R = Reinstated member - International initiation fee to be deducted
W = New member - International initiation fee to be waived
4 = Agency fee payer