

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 *
Title:		
Effective:		
	SS#:	SS#:
	Home Phone:	Home Phone:
	Cell Phone:	Cell Phone:
	Local Phone:	Local Phone:
	Work Phone:	Work Phone:
	Fax:	Fax:
	Local E-Mail:	Local E-Mail:

Title:		
Effective:		
	SS#:	SS#:
	Home Phone:	Home Phone:
	Cell Phone:	Cell Phone:
	Local Phone:	Local Phone:
	Work Phone:	Work Phone:
	Fax:	Fax:
	Local E-Mail:	Local E-Mail:

Title:		
Effective:		
	SS#:	SS#:
	Home Phone:	Home Phone:
	Cell Phone:	Cell Phone:
	Local Phone:	Local Phone:
	Work Phone:	Work Phone:
	Fax:	Fax:
	Local E-Mail:	Local E-Mail:

Special Mailing/E-mailing Instructions:

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

Signed: _____

Date: _____