

COMMUNICATIONS WORKERS OF AMERICA
 501 3rd Street NW
 Washington ,DC 20001-2797
 Attention: **MEMBERSHIP & FINANCE DEPARTMENT**
TRANSFER REQUEST FORM



Date: _____ Local: _____

The local requesting this transfer should complete boxes 1 **and** 2 of this form and keep the bottom copy for their records. Then mail this form to the member's current local. The members current local should complete and sign box 3 **or** 4. Return one copy to the originating local, mail one copy to the International office, and retain one copy for their files.

Box 1 Please transfer this member

FROM LOCAL _____ **INTO LOCAL** _____ **PU#:** _____

SS#/SSN Last 4: _____ Aptify ID: _____

Phone #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Box 2 We request this member be transferred

FROM Local _____ **INTO** Local _____ into PU# _____

Effective as of: _____ Status: _____

Reason: _____

Initiation Fee owed: \$ _____

_____ Signature _____ Date

Box 3 We agree to transfer this member **TO** Local _____ **FROM** Local _____.

Effective as of: _____

Initiation Fee owed: \$ _____

_____ Signature _____ Date

Box 4 We **DO NOT** agree to this transfer.

Reason: _____

_____ Signature _____ Date

If status is Active and in Good standing, do you need a Membership Card? Yes or No