



Date: _____

To: CWA District Vice President _____

From: President _____

Local _____

Subject: Request for Dues Split Change

This is to request that the following unit(s) be approved for a 70/30 dues split.

| Unit Name | PU Number | Potential Members | Dues Split |
|-----------|-----------|-------------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Our Local will administer all affairs for this unit(s), which meets the guidelines established by the Executive Board.

Approvals:

District Vice President _____

Secretary-Treasurer _____

Effective Date: _____

cc: Membership & Finance Department