

CWA Local 3180 Membership Termination Form

Last name, First Name: _____

Employee #: _____

CWA Union Dues to stop (Month / Year): _____

Membership Termination (Check One)

Withdrawal: _____

Transfer: _____

Suspension: _____

Retired: _____

Deceased: _____

If withdrawing, please state your reason: _____

This form is to notify CWA Local 3180 of your intent to terminate your membership and notify the School District of Indian River County's Payroll Department to cease the deduction of CWA Local 3180 Membership Dues starting on the above month and year.

CWA Local 3180 Officer Signature: _____

Date: _____

Employee Signature: _____

Date: _____

The completed form shall remain on file with the CWA Local 3180