

REGION 4



Brandon Campbell, Director
UAW Region 4
900 East Center Street
Ottawa, IL 61350

Phone: (847) 459-3888

INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE AND AGRICULTURAL IMPLEMENT WORKERS OOF AMERICA-UAW

SHAWN FAIN, *PRESIDENT*

MARGARET MOCK, *SECRETARY-TREASURER*

VICE-PRESIDENTS: CHUCK BROWNING • MIKE BOOTH • RICH BOYER

November 20, 2023

To: All IPS Council Local Union Presidents, Financial Secretaries and Recording Secretaries
Region 4 UAW

Re: 2024 IPS Council Dues

Greetings:

January 1, 2024, is the due date for local unions of the Competitive Shop IPS Council to pay their annual Council dues, covering the period of January 1 through December 31, 2024.

Enclosed for your information and use, is the 2024 payment schedule form. Please fill out the form and make your check payable to: UAW Region 4 Competitive Shop IPS Council.

Mail your check and the completed form to the Region 4 Office, with Attention: Bookkeeper on the envelope. Your canceled check will be your receipt.

In solidarity,

Brandon Campbell, Director
Region 4 UAW

Ted Dever, Coordinator
Region 4 IPS Council

TD:aw opeiu494/afl-cio

Enclosure

cc: Lucas DeSpain
UAW Region 4 Servicing Representatives

**UAW REGION 4 COMPETITIVE SHOP IPS COUNCIL
ANNUAL DUES FORM
FOR YEAR 20_____**

UAW LOCAL _____

DATE OF PAYMENT _____

CHECK NO. _____

Annual dues on _____ members \$ _____ as per the following schedule:

100 members, or less	\$50.00 per calendar year
More than 100, but less than 500 members	\$100.00 per calendar year
More than 500, but less than 1,000 members	\$150.00 per calendar year
More than 1,000, but less than 5,000 members	\$200.00 per calendar year
More than 5,000, but less than 9,000 members	\$250.00 per calendar year
More than 9,000 but less than 13,000 members	\$300.00 per calendar year
More than 13,000 members or over	\$350.00 per calendar year

Make your check payable to: **UAW REGION 4 COMPETITIVE SHOP IPS COUNCIL**

Mail your check and the form to:

UAW Region 4 Office
900 E. Center Street
Ottawa, IL 61350
ATTN: Bookkeeper

Print Name: _____

Local Union Address: _____

City, State & Zip _____

Phone: _____