

REGION 4



Brandon Campbell, Director
UAW Region 4
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Ottawa, IL 61350

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

SHAWN FAIN, *PRESIDENT*

MARGARET MOCK, *SECRETARY-TREASURER*

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

November 20, 2023

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

Re: 2024 TOP Council Dues

Greetings:

January 1, 2024, is the due date for local unions of the Technical, Office and Professionals 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 TOP 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 TECHNICAL, OFFICE AND PROFESSIONALS (TOP) 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 TECHNICAL, OFFICE AND PROFESSIONALS (TOP) 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: _____