

**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 250 members	\$100.00 per calendar year
More than 250, but less than 500 members	\$150.00 per calendar year
More than 500, but less than 1000 members	\$200.00 per calendar year
More than 1000, but less than 5000 members	\$300.00 per calendar year
More than 5000, but less than 9000 members	\$350.00 per calendar year
More than 9000 members	\$500.00 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: _____