

**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 formula:

Up to 100 members	\$50.00 per calendar year
101 members up to 250 members	\$100.00 per calendar year
251 members up to 500 members	\$150.00 per calendar year
501 members up to 1000 members	\$200.00 per calendar year
1001 members up to 5000 members	\$300.00 per calendar year
5001 members up to 9000 members	\$350.00 per calendar year
9001 members or more	\$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: _____

TD:aw

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Revised 11.10.25