



Brandon W. Campbell, Director
UAW Sub-Region 4
1795 Lafayette St
Janesville, WI 53546

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

SHAWN FAIN, *PRESIDENT*

MARGARET MOCK, *SECRETARY-TREASURER*

VICE-PRESIDENTS: MIKE BOOTH • RICH BOYER • LAURA DICKERSON

November 13, 2025

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

Re: 2026 IPS Council Dues

Greetings:

January 1, 2026, 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, 2026.

Enclosed for your information and use is the 2026 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,

A handwritten signature in blue ink, appearing to read "B. W. Campbell".

Brandon Campbell, Director
Region 4 UAW

A handwritten signature in black ink, appearing to read "T. Dever".

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 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: _____