



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 Local Union Presidents, Recording Secretaries, and Financial Secretaries
Region 4 UAW

Re: Region 4 UAW Pooled Arbitration Fund Per Capita Tax – 2026

Greetings:

The 15th of every month is the due date to pay monthly per capita tax *for local unions who participate* in the Region 4 UAW Pooled Arbitration Fund Plan.

Enclosed for your information and use is the 2026 Pooled Arbitration Fund Per Capita Tax form. Please fill out the form and make your check payable to: UAW Region 4 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 blue ink, appearing to read "T. Dever".

Ted Dever, Coordinator
Region 4 TOP Council

TD:aw opeiu494/afl-cio

Enclosure

cc: Lucas DeSpain
UAW Region 4 Servicing Representatives



UAW REGION 4 IPS COUNCIL

900 E CENTER STREET

OTTAWA, ILLINOIS 61350

(815) 324-0399

PER CAPITA TAX FORM FOR POOLED ARBITRATION FUND

Date of Payment: _____, 20____

UAW LOCAL _____

1/2 of 1% of \$_____ dues received for the month of _____, 20____

amounts to \$_____, for which check # _____ is enclosed.

Note: Multiply the total dues received for the month by .005 to determine the Per Capita Tax due the Region 4 IPS Pooled Arbitration Fund. If the amount due is less than \$5.00, please pay the \$5.00 minimum as required by the Region 4 IPS Council Pooled Arbitration Fund Bylaws.

Make your check payable to: **UAW Region 4 IPS Council**

Mail your check and the form to: **UAW Region 4 IPS Council
900 E Center St.
Ottawa, IL 61350**

Print Name: _____, Fin.Sec.

Address: _____

City & State: _____

Zip Code: _____

**Amalgamated Locals: Please Note Units & Companies Covered on Back of Form.
Update only as Needed.**

Please Check: ☐ New Address

☐ New Financial Secretary

YOUR CANCELED CHECK IS YOUR RECEIPT