



DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

*(Please print clearly)*

Dear Sir and Brother:

I hereby request a withdrawal card from Local No. 148.

*(It is important that the following information be completed in full – in order to expedite your request.)*

TERMINATED OR LEFT EMPLOYMENT OF \_\_\_\_\_

REASON FOR WITHDRAWAL BEING REQUESTED \_\_\_\_\_

JOB CLASSIFICATION \_\_\_\_\_

DUTIES PERFORMED \_\_\_\_\_

**OPTIONAL INFORMATION:**

PRESENT OR FUTURE EMPLOYMENT WARRANTING WITHDRAWAL *(List name and address of your new employer.)*

\_\_\_\_\_

\_\_\_\_\_

NEW JOB CLASSIFICATION \_\_\_\_\_

DUTIES I WILL PERFORM \_\_\_\_\_

UNION AFFILIATION (IF ANY) \_\_\_\_\_

NOTE: Union dues must be paid through the current month before action is taken on this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

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**FOR OFFICE USE ONLY**

DUES PAID THROUGH \_\_\_\_\_

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

BY: \_\_\_\_\_