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AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS

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APPLICATION FOR WITHDRAWAL CARD

(PLEASE PRINT)

I, _____ am applying for a withdrawal card for the following reason(s):

Address:

Phone Number: (____) _____ - _____

Social Security: _____

Employer: _____

Last Day Worked: _____

Business Representative Signature: _____

Secretary Treasurer Signature: _____

Member Signature: _____ Date: _____

Please mail your application to the address above, please be advised you must be paid through the month you are requesting your withdrawal card