



TEAMSTERS LOCAL UNION 769

12365 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161
(305) 642-6255

APPLICATION FOR WITHDRAWAL CARD

(PLEASE PRINT)

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

Address: _____

Phone Number (____) _____ - _____
Social Security No _____
Employer _____
Last Day Worked _____

Business Representative Signature: _____

Member's Signature: _____ Date: _____

Please mail your application to:
Teamsters Local Union 769
12365 West Dixie Highway
North Miami, Fl 33161

PLEASE BE ADVISED YOU MUST BE PAID THROUGH THE MONTH YOU ARE REQUESTING YOUR WITHDRAWAL CARD