

REQUEST FOR WITHDRAWAL CARD

IN ORDER TO OBTAIN A WITHDRAWAL CARD, YOUR UNION DUES MUST BE PAID THROUGH THE MONTH IN WHICH THE WITHDRAWAL CARD IS REQUESTED AND THE REQUEST MUST BE IN WRITING.

YOU ARE OBLIGATED TO PAY UNION DUES TO LOCAL 673 UNTIL YOU OBTAIN A WITHDRAWAL CARD.

THERE IS NO COST FOR A WITHDRAWAL CARD. ANY MEMBER THREE (3) MONTHS IN ARREARS IN DUES SHALL AUTOMATICALLY STAND SUSPENDED AT THE END OF THE THIRD (3RD) MONTH.

IT IS THE RESPONSIBILITY OF THE MEMBER TO NOTIFY THE UNION OFFICE WHEN HE/SHE RETURNS TO WORK. IF A MEMBER RETURNS TO WORK AND FAILS TO NOTIFY THE UNION OF THEIR RETURN, THE MEMBER WILL BE BACK BILLED THE DUES TO THE MONTH OF RETURNING TO WORK.

MAIL/FAX OR BRING IN PERSON TO:

TEAMSTERS LOCAL 673
1050 W. ROOSEVELT RD.
WEST CHICAGO, IL 60185
PHONE: (630) 231-6660
FAX: (630) 231-6168

NAME: _____ S.S.#: XXX-XX-_____

PHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____ LAST DAY OF WORK: _____

REASON FOR REQUESTING A WITHDRAWAL CARD: _____

MEMBERS SIGNATURE: _____ DATE: _____

I, _____, understand and acknowledge requesting a withdrawal card from Teamsters Local 673 prohibits me from signing the out of work book.

I also understand and acknowledge if the Illinois Department of Employment Security calls, Teamsters Local 673's office to verify that I am a current member in good standing, Teamsters Local 673 will inform them that I am on a Withdrawal status.

I will not hold Teamsters Local 673 responsible for any actions that may be taken by the Illinois Department of Employment Security.

Print First and Last Name:

Signature: Today's Date: _____