

Local 804, IBT, 34-21 Review Avenue, Long Island City, NY 11101

REQUEST OF WITHDRAWAL (Please print)

Name _____ SS # _____

Address _____

City _____ State _____ Zip _____

Last Work Day _____ Phone # _____

CHECK ONE OF THE BOXES: Laid Off Retired Resigned Discharged

FMLA Disability Compensation Military Leave

Please Note: In order to receive a Withdrawal Card, your dues must be paid up to date.