

# TEAMSTERS LOCAL UNION 938

LARRY MCDONALD  
PRESIDENT

CRAIG MCINNES  
VICE -PRESIDENT



BOB MILES  
SECRETARY-TREASURER

PETER BURGESS  
RECORDING SECRETARY

ROSE DEMITRO TRUSTEE

VINCE JOHNSON TRUSTEE

GREG WOROBETS TRUSTEE

Form: FRM-006

## APPLICATION FOR WITHDRAWAL

APPLICATION FOR A WITHDRAWAL MUST BE FILED WITH THE UNION OFFICE WITHIN TWO WEEKS BY THE MEMBER WHO HAS, RESIGNED, BEEN LAID-OFF, TERMINATED, ON W.S.I.B., SICK LEAVE, PARENTAL LEAVE, ON AN AUTHORIZED LEAVE OF ABSENCE OR RETIRED.

TO BE ELIGIBLE, YOU MUST HAVE YOUR UNION DUES PAID UP TO AND INCLUDING THE MONTH IN WHICH YOU REQUEST THE WITHDRAWAL. UPON YOUR RETURN TO WORK, YOU ARE REQUIRED TO CONTACT YOUR LOCAL UNION OFFICE AND ADVISE THEM OF YOUR RETURN TO WORK DATE.

**THIS IS THE SOLE RESPONSIBILITY OF THE MEMBER - PLEASE PRINT CLEARLY**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
UNION I.D. NO. (OR) SOCIAL INS. NO.

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
APT. NO

\_\_\_\_\_  
CITY

\_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE OF LAST DAY WORKED

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
REASON FOR REQUESTING WITHDRAWAL

**IMPORTANT:** ALL REQUESTED INFORMATION MUST BE PROPERLY FILLED IN OR THE APPLICATION WILL NOT BE HONOURED. SEND COMPLETED FORM TO DUES DEPARTMENT VIA MAIL, FAX, OR EMAIL LISTED BELOW.

HEAD OFFICE: 275 Matheson Blvd. E. Mississauga, Ontario, Canada L4Z 1X8 Tel: 905-502-0062 Fax: 905-502-0076  
Website: [www.teamsters938.org](http://www.teamsters938.org) e-mail: [duesroom@teamsters938.org](mailto:duesroom@teamsters938.org)