

**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.