

**Teamsters Local Union No. 830
Withdrawal Card Application**

Date: _____

Member Name: _____

Social Security Number: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Last Day of Work: _____

Employed by: _____

Please be advised that I _____ would like to request a withdrawal card from Teamsters Local 830, because I was _____.*

- *Lack of Work
- *Voluntary Resignation
- *Termination
- *Retirement - Years of service: _____
- *Medical Leave of Absence
(No Benefits)

P.S. Please return your blue and white identification card along with this request.

Thank you.

Signature Required