

Local Union No. 813

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www.teamsters813.org



Affiliated With
International Brotherhood
of Teamsters

REQUEST FOR WITHDRAWAL/ SOLICITUD DE RETIRO

Name/Nombre: _____

Social Security # _____

Street/Calle: _____

City/Ciudad: _____

Zip Code/Zona Postal: _____

Laid Off/En "Layoff" Retired/Jubilado Resigned/Renunciado

Discharged/Despedido Disability/Incapacidadado

Military Leave/Licencia Militar

Compensation/ Bajo Compensacion

Please Note: To receive your withdrawal card, your dues must be paid up to date.

Por favor notar: Para recibir su tarjeta de retiro, deber de estar pagado hasta la fecha con sus cuotas.

AMOUNT OWED \$ _____ PAID THROUGH: _____