



# Request for Withdrawal Form

**Harvey Whille**  
**President**

**John Colella**  
**Sec.-Treasurer**

**Mike DeMartino**  
**Recorder**

Dear Local 1262 Member,

Please complete the information below and mail this page to:

UFCW Local 1262  
1389 Broad Street  
Clifton, NJ 07013

Attn: Records Department

You can also fax this form to: 973-777-3430

If you have any questions about filling out this form,  
please call our Records Department at:

1-800-562-6913 (calling from NJ) — 1-800-526-7814 (calling from other states)

## UFCW LOCAL 1262 REQUEST FOR WITHDRAWAL

(Mr./Ms./Mrs.): Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Int: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number (in case we have questions): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer you are withdrawing from: \_\_\_\_\_

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Date of Hire: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last Day Worked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Reason for Request (check one):

Left employment: \_\_\_\_\_ School: \_\_\_\_\_ Layoff: \_\_\_\_\_ Mgmt: \_\_\_\_\_ Military: \_\_\_\_\_ Disability/Work C.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

#### YEAR PREVIOUS YEARS' DUES

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	A	B	C
A	B	C	D	E	F	G	H	I	J	K	L

#### YEAR CURRENT YEAR'S DUES

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	A	B	C
A	B	C	D	E	F	G	H	I	J	K	L

#### OWES

#### BILL

#### STORE NUMBER

\_\_\_ DUES

A B C

\_\_\_ FEES

\_\_\_

\_\_\_ TOTAL

DATE: \_\_\_\_\_ DATE ISSUED (MO/YR): \_\_\_\_ / \_\_\_\_ CODE: \_\_\_\_\_