



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: _____