

MEMBER STATUS CHANGE FORM

Please submit this form to the Union Office to report new employees, changes in member's status, member's change of address or telephone number, etc.

Member/Employee Name

Social Security #

Address

_(_____)_____
Home Phone #

City, State, Zip

Date of Birth

Employer & Location

Hire/Change Effective Date

Member/Employee Status (please check one)

- Full-Time – hourly rate of pay \$_____ (dues - 2 x hourly rate of pay + \$2.75)
- Temporary – hourly rate of pay \$_____ (permit fee - 2 x hourly rate of pay + \$2.75)
- Promotion (change in rate of pay) new hourly rate of pay \$_____ (dues - 2 x hourly rate of pay + \$2.75)
- Layoff (\$17.75/month) (Date of Layoff) _____
- Sick Leave/Worker's Comp (\$17.75/month) (Date of Disability) _____
- Active Retiree (\$9.75/month)
- Non-Active Retiree (withdraw from Union)
- Other Employment (\$17.75/month)
- Quit (withdraw from Union)
- Deceased

Any member withdrawing from the Union must request a withdrawal card from this office. All dues must be paid in full before we issue a withdrawal card.

Submitted By: (Please Print)

Date Submitted: