

Mail to: TEAMSTERS LOCAL 493  
P.O. Box 485, Uncasville, CT 06382

Please include check or money order for amount due.

**WITHDRAWAL CARD REQUEST**

**Name:** \_\_\_\_\_

**SSN#:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**My last day of work** \_\_\_\_\_ **Name of Employer** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

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

**Keep your membership In good standing at all times.**