

WITHDRAWAL CARD REQUEST

Date

I, _____, of Social Security No. ____ - ____ - ____
request to withdraw from Teamsters Local 72, effective as of _____.

The reason for my withdrawal is _____

Please send my withdrawal card to this address: _____

Signature

**MAIL FILLED OUT FORMS TO:
Teamsters Local 72
265 West 14th Street
Suite 704
New York, NY 10011**