



TEAMSTERS LOCAL UNION NO. 324



Get A Withdrawal Card When You Leave Your Job!!!

Be sure to request a withdrawal card when being laid-off, not working in the bargaining unit during a calendar month, going on a leave of absence, a lengthy medical leave or terminating your employment. A union withdrawal card prevents dues from being collected from a union member who is no longer active as specified above. There is no charge for the withdrawal card, but all fees and back dues must be paid before the withdrawal card is issued! A withdrawal card protects your membership!!!

Stop by Teamsters Local 324's office, or complete the form below and mail it to our office. **IT IS YOUR RESPONSIBILITY** to obtain a withdrawal card after leaving the company, or for the reasons above, so that you will not be obligated to pay dues while on withdrawal. Failure to request a withdrawal card may cause you to pay back dues and possibly a re-initiation fee.

It is your responsibility to notify the Local immediately upon your return to work; doing so ensures that the Local will start rebilling your employer for your Union dues. Regardless of this notification, it is still your responsibility to make sure that your union dues are being paid.

*By signing below, you confirm your understanding that nothing negates your responsibility to pay your Union dues while you are at work. If you fail to notify the Local of your return to work, if the Local is notified and fails to bill your employer, if your employer gets billed and fails to take your dues out or any other issues arise that places you behind in monthly dues; YOU ARE ULTIMATELY RESPONSIBLE for paying all dues not collected while you are back to work following application of this withdrawal card.



Cut on the line above and mail the bottom form to:

**Teamsters Local 324
4871 Lancaster Dr. NE
Salem, OR 97305**

TEAMSTERS LOCAL 324 WITHDRAWAL CARD REQUEST

NAME (first and last): _____

LAST 4 NUMBERS OF YOUR S.S. #: _____

NAME OF EMPLOYER: _____

LAST DAY OF WORK: _____

REASON FOR LEAVING: _____

(Quit, Laid-Off, Terminated, Injury, ETC.)

Signature

Date

