



Teamsters Local Union No. 690

Affiliated with the International Brotherhood of Teamsters

1912 North Division #200
Spokane, WA 99207

Val Holstrom
Secretary-Treasurer

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Withdrawal Card Request

It is my responsibility to notify the Union immediately upon my return to Teamster Employment.

By taking a withdrawal, I understand that I am becoming an inactive member and will lose all rights and active benefits offered by the Local Union (i.e. no voting privileges and the \$4,000.00 life insurance policy (this does not affect your medical insurance and/or pension) that the local carries for you on your behalf is no longer valid).

Please note that your dues need to be paid through the month/year of your last day worked.

Name _____

Social Security # ____/____/____

Home Phone No. ____-____-____

Address _____

My Last Day of Work ____/____/____

Name of Employer _____

Reason for Leaving _____

(Quit, Laid off, Terminated, etc.)

(Signature)

Today's Date