

APPLICATION FOR DUPLICATE MEMBERSHIP CARD

I, _____, membership number _____, a member of
 (Type or print)

Local Union No. _____, hereby make this request for a duplicate membership card for the reason that the previous membership card issued to me has been LOST, STOLEN, or DESTROYED. (Circle appropriate reason)

My employment for the past year has been in the following local unions:

LU NO.	EMPLOYER	LOCATION	FROM	TO

Use back of card for additional information.

OFFICE COPY (WHITE CARD) MUST ACCOMPANY THIS APPLICATION.



5M-9/00

Member's Signature

(Date)

Financial Secretary's Signature

(Date)