

**USW LOCAL 2009
REFUND APPLICATION FORM**

#202-9292 200th Street
Langley, BC V1M 3A6
Fax: 604-513-1851

Name: _____ Date: _____

Address: _____

_____ Postal Code: _____

S.I.N.: _____ Employer: _____

Signature: _____

I AM APPLYING FOR A REFUND OF: DUES _____ INITIATION FEE _____

INDICATE THE AMOUNT OF THE DEDUCTION IN THE APPROPRIATE MONTH.

Jan _____ Feb _____ Mar _____

Apr _____ May _____ Jun _____

Jly _____ Aug _____ Sep _____

Oct _____ Nov _____ Dec _____

REASON FOR REFUND: (*this must be completed for a refund to be processed*)

Casual (under 5 days in the month) _____ WCB/CU&C _____

Layoff _____ Overpayment _____

Trnsf. from IWA Local# _____ Under 30 Days _____

Other Reason (be specific) _____

FOR OFFICE USE ONLY

Approved: Yes _____ NO _____

Authorized: _____

NOTES:

Date: _____

Dues: \$ _____

Initiation: \$ _____

Total Refund: _____

Cheque #: _____

Date issued: _____