

UFCW LOCAL 1059

MEMBER CHANGE OF NAME, ADDRESS, OR WITHDRAWAL CARD REQUEST

Your name	Social Security No.
<i>Former name, if name change</i>	Company/Store No.
Your address	Telephone No.

City State Zip

Former address, if address change

City State Zip

Send me a withdrawal card –

Last day worked

Circle: Quit/Term

Layoff

Medical leave

Military leave

Signature