

Please note: You must be on disability for full calendar months in order to get reduced dues.

CARPENTERS LOCAL #2236
REDUCED DUES REQUEST FORM

NAME: _____ DATE: _____

ADDRESS: _____ UBC#: _____

COMPANY LAST WORKED FOR: _____

PERIOD FOR WHICH REDUCED DUES ARE BEING REQUESTED:

Date: _____ through _____

MEMBER'S SIGNATURE: _____

THE FINANCIAL SECRETARY WILL REVIEW ALL REQUESTS. REDUCED DUES WILL BE GRANTED IN THREE-MONTH INCREMENTS. PLEASE COMPLETE THIS FORM AND MAIL TO:

CARPENTERS LOCAL 2236
115 BROADWAY
OAKLAND, CA 94607

PLEASE INCLUDE WITH THIS FORM COPIES OF YOUR DISABILITY CHECKS OR A LETTER FROM YOUR PHYSICIAN WHICH CLEARLY INDICATES YOUR DATES OF DISABILITY.

THE FOLLOWING CAN ALSO BE COMPLETED BY YOUR PHYSICIAN:

Doctor's estimate disability dates:

Date: _____ through _____

Physician's Name: _____

Address: _____

Physician's Signature: _____ Date: _____