**I.A.T.S.E. Local 204**

**Member Request for Honorable Withdrawal Card**

**Please Note:** Article 19, Section 18 of the I.A.T.S.E Constitution And Bylaws. Local Unions are obligated upon request to issue any paid-up member in good standing, who is not under charges and who has declared under oath that they will not continue to work in the craft of the local union of which they belong, an honorable withdrawal card.

Local unions shall refuse to reinstate or readmit to membership to the Alliance any holder of an honorable withdrawal card who has committed acts detrimental to this Alliance after the date of issue of the withdrawal card.

No holder of an honorable withdrawal card shall be reinstated or readmitted to membership by the local union unless and until the local union shall have first submitted the name of the former member to the General Secretary-Treasurer for investigation and approval of the General Office.

**Fill out the following and return the completed form to:**

**I.A.T.S.E. Local 204**

**P.O. Box 69**

**El Paso, Arkansas 72045**

**Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_**

**Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Having agreed to the terms of The IATSE Constitution, Article 19, Section 18, and declaring under oath that I will not continue to work in the craft of Local 204, I hereby request consideration for issuance of an Honorable Withdrawal Card for the following reason(s), or none stated. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature) (Date)**

--------------------------Office Use Only------------------------

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Withdrawal Card Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_