

LOCAL 728 RETIREE STATUS CLASSIFICATION

DATE: _____

I, _____, hereby request a
728 Retiree Status Classification with I.A.T.S.E. Local 728 to be issued as of the
_____ quarter _____.
Number Year

The sum of \$ _____ represents payment for the year of _____. January
1st of each year I agree to pay to I.A.T.S.E. Local 728 the yearly dues rate for Local
728 Retiree's as determined by the Executive Board and approved by Membership
of Local 728.

In addition, if I plan to work during retirement, I understand that I will be
responsible for paying the difference between Active and Retiree dues for the
quarter in which I wish to work.

Name: _____

Address: _____

Social Security (last four): XXX-XX

Telephone: _____

Signature: _____

Email address: _____