

CARPENTERS UNION – LOCAL 82

300 15th Street South #1 Great Falls, MT 59405
PHONE: (406) 453-1301 Email: Local82@swmscarpenters.org

REQUEST FOR TRANSFER

DATE (Fecha): _____ **UBC ID:** _____

NAME (Nombre): _____

ADDRESS (Domicilio): _____

_____, _____, _____ (Phone - Telefono)
(City - Ciudad) (State - Estado) (Zip Code – Código Postal)

DUES PAID THRU (Pagado a Través de la Fecha): _____

JOURNEYMAN (Carpintero): _____ **APPRENTICE** (Aprendiz): _____

I WISH TO TRANSFER FROM LOCAL (Deseo transferir mi libro de Local) #: _____

TO LOCAL (A Local) #: 82

PLEASE NOTE: TRANSFERS WITHIN THE SOUTHWEST MOUNTAIN STATES REGIONAL COUNCIL ARE SUBJECT TO REGIONAL COUNCIL REVIEW.

I UNDERSTAND THAT I DO NOT HAVE TO TRANSFER MY BOOK AND THAT I CAN CONTINUE TO WORK ON A WORK PERMIT INDEFINITELY BY CHOOSING TO CONTINUE PAYING DUES BACK TO MY OWN LOCAL.

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

FAVOR DE NOTAR QUE LAS TRANSFERENCIAS DENTRO DE EL SOUTHWEST MOUNTAIN STATES REGIONAL COUNCIL SON SUJETAS A LA REVISION DEL CONCILIO REGIONAL.

ENTIENDO QUE NO ES OBLIGATORIO TRANSFERIR MI LIBRO Y QUE PUEDO CONTINUAR TRABAJANDO CON UN PERMISO DE TRABAJO INDEFINIDAMENTE MIENTRAS CONTINUE MANDANDO LOS PAGOS DIRECTAMENTE A MI PROPIO LOCAL.

MI FIRMA INDICA QUE HE LEIDO Y HE ENTENDIDO ESTA FORMA Y LA INFORMACION EN ELLA.

THE REASON FOR THIS REQUEST IS (La razón por la que deseo transferir es): _____

(Member's Signature – Firma del Miembro)

Mario Martinez, FINANCIAL SECRETARY

Request taken by: _____

Request Approved By: _____ Date: _____