



Aircraft Mechanics Fraternal Association

MEMBERSHIP WITHDRAWAL FORM

Date _____ Local _____ Arctic # _____

Name _____

Address _____

City _____ ZIP _____

Classification _____

As per Article XIII, Section 10 of the A.M.F.A. Constitution, I am requesting that you discontinue my current dues check-off status for the following reason:

Honorary withdrawal card requested

I understand that the current month's dues will be paid in full to the A.M.F.A. Local that formerly represented me.

Signed _____

Application for withdrawal

Approved

Denied

At the monthly union meeting held on _____ 19__

Signed _____

Recording Secretary



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