

# Teamsters Union Local No. 337 Withdrawal Card

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## Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

## Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province

\_\_\_\_\_  
Postal / Zip Code

## Social Security Number (last four)

\_\_\_\_\_

## Employer

\_\_\_\_\_

## Last Day Worked

\_\_\_\_\_

## Reason

\_\_\_\_\_

## Signature

\_\_\_\_\_

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**Please mail or drop off the withdrawal card request to:  
Teamsters Local 3372801 Trumbull Ave. Detroit, MI 48216 You  
may also fax it to (313) 965-9989, attention Dues Dept. Please  
keep a copy of the receipt that it was received by Teamsters  
Local 337.**

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