

Name :

Card # :

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 18

APPLICATION FOR SPECIAL DUES RATE ON ACCOUNT OF ILLNESS OR INJURY

The undersigned, being unable to work on account of illness or injury, hereby applies to the Executive Board of Local 18 for a special dues rate for each full calendar month of such disability and submits the following information for the Board's consideration:

1. Date of inception of disability: _____
2. Nature of disability: _____
3. Name of doctor: _____
4. Probable duration of disability: _____
5. Name of employer: _____

I certify that the above answers are all true and correct to the best of my knowledge and belief.

Signature: _____

Address: _____

NOTE: SPECIAL DISABILITY DUES RATES ARE GRANTED ONLY TO MEMBERS WHO HAVE BEEN DISABLED FOR 30 DAYS OR MORE.

THE GRANTING OF SPECIAL SICK RATES IS NOT AUTOMATIC, BUT IS INTENDED TO HELP OUR MEMBERS WHO ARE TEMPORARILY IN FINANCIAL DIFFICULTIES AND ARE IN DANGER OF LOSING THEIR MEMBERSHIP.

FOR OFFICE USE

Eligible for disability rate: _____