

Name :

Card # :

**LOCAL UNION 18, I.B.E.W.
APPLICATION FOR SPECIAL DUES RATE**

The undersigned hereby applies to the Executive Board of Local 18, IBEW, for a special reduced dues rate for each full calendar month that the undersigned remains off work and submits the following information for the Board's consideration:

Disability
 Date of inception or disability: _____
 Probable duration of disability: _____
 Name of employer: _____

Workers Compensation
 Date of inception or disability: _____
 Probable duration of disability: _____
 Name of employer: _____

Family Leave
 Date of inception or disability: _____
 Probable duration of disability: _____
 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 dues rates are granted only to members who have been off work for 30 days or more. The granting of special dues 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 reduced dues rate: _____