



TO WHOM IT MAY CONCERN:

I request a withdrawal on my Vacation Fund for:

PICKUP _____ DUES \$ _____

*MAIL _____ PERSONAL \$ _____

Email address: _____

CARD NUMBER _____

PRINT NAME _____

PRINT ADDRESS _____

* _____ Signature for fax/mail

* In order for a check to be mailed you must print out this form, sign and mail or fax it in. If sending electronically you must pick-up the check in person at Local 86.

FOR LU 86 OFFICE USE ONLY

Check # (s) _____

Pick-up Signature _____

EMAIL: vacation@ibewlu86.com

WEBSITE: ibewlu86.org

FAX: (585) 235-0420

MAIL: IBEW LOCAL UNION 86
2300 E. RIVER RD.
Rochester, NY 14623