

## - TRANSFER CERTIFICATE -



## **Transportation Communications Union/IAM**

			Date TCU Member ID #		
		TCU			
THIS IS TO CERTIFY THAT		and/or	and/or Employee #		
Address					
(Street)		(City)	(State)	(Zip Code)	
	REQUESTS TRAN	SFER			
from Lodge No.	Located at				
		(City)	(State)		
to Lodge No.	Located at				
		(City)	(State)		
Member to be employed by					
	(Name of Employer)		(Employer Number, if known)		
working under agreement					
(Name of Agreement)			(Agreement Number, if known)		
I hereby certify that dues and assessment	s are paid up to and including t	he month of			
TRANSFER EFFECTIVE DATE					
(Must be dated first day of month)			(FST Signature)		
Please send comp	leted form to the IAMAW Me	mbership Record	s Department:		
•	inists Place, Upper Marlbord	•	•		
	67-4516 • Fax 301-967-451				

Keep a Copy for Lodge Records