

DUAL DUES REFUND

(must be submitted no later than Feb. 28 to Local Treasurer)

I work at the following bargaining units within Local 80:

_____ Sunnybrook _____ Women's College

I am requesting a refund of my local dual dues for the year _____.

_____ _____ _____
(print name) (signature) (date)

_____ _____
(home phone number) (print address, including postal code)

Months I paid dual dues:

MONTH	SUNNYBROOK	WCH
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

OFFICE USE ONLY:

Dual dues checked by: _____ Date: _____

Authorized by: _____ Date: _____

Calculation: _____ X _____ = _____

Local Dues Months Paid Twice

Paid: Cheque # _____ Date: _____