

Union Drop Request Form

Please complete this form to remove your name from union membership rolls.

I wish to cancel my membership with:	<input type="checkbox"/> LAE (Louisiana Association of Educators) <input type="checkbox"/> LFT (Louisiana Federation of Teachers) <input type="checkbox"/> Red River United <input type="checkbox"/> UTNO (United Teachers of New Orleans)
Current Payment Method with that organization:	<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Bank Draft <input type="checkbox"/> Other: _____

My Name: _____

My District of Employment: _____

My Social Security Last 4 digits: xxx-xx-_____

My address: _____

Street address

City

State

zip

Please remove my name from your membership rolls and stop collecting dues, effective immediately.

Signature

Date