

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)
<p>*NOTE: <i>To disenroll from A+PEL, please submit your request via a contact form on our website (www.apeleducators.org) . This Union Drop form is used to cancel membership in the above listed unions only.</i></p>	
Current Payment Method with that organization:	<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Bank Draft <input type="checkbox"/> Other: _____

My Name: _____

My Email: _____

My Address: _____
 (street address) (city) (state) (zip code)

My SSN (last 4 digits) : xxx-xx-_____

My District of Employment: _____

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

SignatureDate