

# Termination of Membership

Requested Termination Date\* \_\_\_\_\_ (\*Back-dated termination dates will not be accepted)

## SMART TD Membership Details

1. Name \_\_\_\_\_  
(First) (Last)
2. TD Local Number \_\_\_\_\_
3. TD Member Phone No. \_\_\_\_\_ TD Member Email \_\_\_\_\_
4. Carrier \_\_\_\_\_ Employee ID \_\_\_\_\_
5. Craft \_\_\_\_\_

## Contact Details for the BLET Division # \_\_\_\_\_

6. BLET Treasurer Name \_\_\_\_\_  
(First) (Last)
7. BLET Treasurer Phone No. \_\_\_\_\_
8. BLET Treasurer Email \_\_\_\_\_

I hereby revoke Wage Assignment Authorization now in effect assigning to the SMART TRANSPORTATION DIVISION (former United Transportation Union) that part of my wages necessary to pay my monthly dues, assessments, and initiation fees, now being withheld pursuant to the Deduction Agreement between the Union and the Company, and I hereby cancel the authorization now in effect authorizing the Company to deduct such monthly union dues, assessments, and initiation Fees from my wages.

I understand that the cancellation of my membership with SMART TRANSPORTATION DIVISION will become effective once it can be verified that dues are started with the new union and subject to the company's payroll schedule.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

### For SMART TD Local Treasurer Use:

Date Received	Date(s) BLET Treasurer Contacted	Date BLET Membership Confirmed

**This form must be submitted to SMART TD with the eBill the member becomes INACTIVE on.**

### For TD Office Use:

Date Received	
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Forms are to be submitted to Membership Representatives at  
[MRteamA@group.smart-union.org](mailto:MRteamA@group.smart-union.org) or [MRteamB@group.smart-union.org](mailto:MRteamB@group.smart-union.org)