

**INTERNATIONAL ASSOCIATION of MACHINISTS and AEROSPACE
WORKERS**



APPLICATION FOR RETIREMENT CARD

Date

Office of the General
Secretary-Treasurer

Dear Sir and Brother:

I hereby make application for Retirement Card as provided for by the Constitution

Print or Type

1. Name
First Middle Last
2. Card Number 3. Lodge Number
4. Birth Date 5.
Month Day Year Social Security Number
6. Date last paid wages, vacation, sick leave or severance pay _____
7. I am totally and permanently disabled
Yes No
8. If under age 55 please indicate that you have taken yourself out of the workforce _____
Yes

Signed by Secretary Treasurer

Signed
Address
City State Zip

(Seal)

NOTE: See reverse side for rules on eligibility and policy.