

DATE.....

I HEREBY AGREE THAT DURING THE MONTH(S) OF.....I WAS NOT EMPLOYED AT ANY OCCUPATION MORE THAN NINE (9) DAYS FOR THE FOLLOWING REASONS:

I WAS UNEMPLOYED DUE TO LACK OF WORK AND AM ENTITLED TO E.I. BENEFITS - 50% DUES.

I WAS OFF SICK AND COLLECTING WEEKLY INDEMNITY - 50% DUES.

I WAS OFF INJURED AND COLLECTING W.C.B. BENEFITS - 50% DUES.

I WAS ATTENDING TRADE SCHOOL FOR THE MONTHS OF _____ - 50%DUES

I WAS UNEMPLOYED DUE TO LACK OF WORK AND AM NOT ENTITLED TO E.I. BENEFITS - 100% DUES. PROOF REQUIRED.

I WAS OFF SICK AND COLLECTING LONG TERM DISABILITY BENEFITS - 100% DUES.

I WAS OFF INJURED AND COLLECTING W.C.B. DISABILITY PENSION - 100% DUES. PROOF REQUIRED.

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SIGNATURE OF APPLICANT

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PLEASE PRINT NAME

FOR OFFICE USE ONLY

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AMT SPEC DUES MEMBER

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AMT SPEC DUES FUND

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POSTED BY:

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ADDITIONAL INFORMATION