

AMUSEMENT AREA EMPLOYEES  
LOCAL B-192, I.A.T.S.E.



Union B-192 Resignation Form

Effective End Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Department Leaving: \_\_\_\_\_

New Department w/USH if applicable: \_\_\_\_\_

Dear Local B-192,

This letter is to confirm that I am resigning from IATSE Local B-192 as of the date indicated above. Please discontinue dues and fees.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # \_\_\_\_\_ for further contact if needed.

Email \_\_\_\_\_