

RE-SIGN FORM
IBEW LOCAL 6

Fax to: (415) 520-5573

Must be faxed between 12:01 am and 4:30 pm
on the 2nd Wednesday of the Month

Date: _____

Name _____ Card Number _____

Last four digits of Social Security Number XXX-XX-_____

Contact Phone Number _____

Local Number _____

- Inside Wireman Book* _____ Residential Wireman
 Marine Storekeeper* _____
 S&C Installer* _____

* Provide Book on which you are registered. Not your position.

This Form must be faxed to (415) 520-5573 between 12:01 am and 4:30 pm.

Signed by