

RE-SIGN FORM
IBEW LOCAL 6

Fax to: (415) 520-5573

Must be received beginning 12:01am on the 10th and ending at 5 pm on the 16th of each 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.

Signed by