Honorary Retirement Card Application

I,	
Home Phone	
Name of Beneficiary	, Phone
Address	
Employer you are retiring from	
Address	
Period of Employment: From	To Shop Steward
Will you receive Retirement benefits?	Occupation
Current Place of Employment (if any)	
Date, 20	Signature
Attest:	

Please return to:
OPEIU Local No. 2
8555 16th Street, Suite 550
Silver Spring, MD 20910
C:\Patricia\HONORARY.doc

