

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



AAEU Local B-192 IATSE
Union Resignation Form

Effective Date: _____

Name (Please print): _____

Employee ID #: _____

Department Leaving: _____

Reason for Resignation: _____

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: _____