



TWU Local 250A Union Dues Exoneration Form

Name: _____

Date: _____

DSW#: _____

CAP#: _____

Division: _____

Position: _____

I hereby request union dues exoneration from: _____ until _____

Reason for request of union dues exoneration: _____

Signature: _____

Approved by: _____ Date: _____

This request has been reviewed under the Transport Workers Union Constitution Article XVII.