

NORTHERN PACIFIC BENEFICIAL ASSOCIATION

Application to Continue Membership
(For Persons On Sick Leave, Furlough or Force Reduction)

_____ 19 _____

I desire to continue membership in the N.P.B.A. in accordance with the Constitution and By-Laws and submit \$6.50 per month with this application.

Signed _____ Age _____

Street _____ City _____ State _____

(To Be Filled Out By Superintendent, District Accountant, Foreman or Dept. Head.)

Print or Type Member's Name _____

Member last appeared on _____, 19 _____ payroll IBM No. _____

Occupation _____ Seniority Date _____

Reason not actively employed: _____

Estimate Length of Unemployment: _____

Remarks: _____

Signature _____

Title _____

TO THE MEMBER: Employees failing to continue membership and in arrears beyond 60 days may not be re-instated or receive any benefits until they return to active employment.

Make all remittances payable to H. S. Latham, Treasurer, and send to Secretary, N.P.B.A., 612 N.P. Building, St. Paul 1, Minnesota. A receipt will be sent by the Secretary which shall serve as evidence that a Surgeon's Order (BA 100) may be issued if in need of treatment.

Only one application is needed for each period of separation from active employment.

If you return to service in the month in which dues have been paid, apply to Secretary for refund of duplicate payment.

- - USE ONLY N.P.B.A. LINE SURGEONS AND HOSPITALS - -

- KEEP A LIST HANDY OF ASSOCIATION DOCTORS IN CASE OF EMERGENCY -

GENERAL OFFICE USE: