

Local Union #45 IBEW  
**Membership Activity Form**

1. Notice of Activation (Return From Honorary Withdrawal) [  ]
2. Request for Honorary Withdrawal [  ]

*Place an "X" in the appropriate box(es) above.*

If you are currently on Honorary Withdrawal and have been or will be working in Local 45's jurisdiction, you must reactivate your membership immediately.

You are eligible for Honorary Withdrawal status if you have:

- A) *Retired* B) *Completed a work assignment and will not be working again for several months* C) *Taken a leave of absence*  
 D) *Accepted (permanent, fulltime, part-time long term) work outside of Local Union #45's jurisdiction*

**Please be advised returning this form or submitting a written request to the Local Union #45 office is the only way to initiate the Honorary Withdrawal process.**

Honorary Withdrawal status is not automatically assumed upon change in your employment status. Union dues must be current in order for your request to be granted. Monthly union dues payments are not required while on Honorary Withdrawal.

**To initiate Honorary Withdrawal Status or Return from Honorary Withdrawal, please complete all applicable information below:**

List Employer(s) \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/200\_\_ (Return from Honorary Withdrawal - first date you will return to work)

Work Completion Date: \_\_\_\_/\_\_\_\_ 200\_\_ (Last day worked – completion of work assignment)

**Staff Employees:** Minimum amount to reactivate your membership is one month's union dues

**Non Staff Employees:** Minimum amount due to reactivate your membership is \$33.00

**Multiply the actual or projected earnings for any months worked as follows:**

	\$ _____	X 1.25% = _____	+ \$13.00 =	\$ _____
(Month/Year)	Earnings	Working Dues	Base Dues	Amount Due
	\$ _____	X 1.25% = _____	+ \$13.00 =	\$ _____
(Month/Year)	Earnings	Working Dues	Base Dues	Amount Due

Total Amt. Required for Reactivation or Request for Honorary Withdrawal \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Member Card # or SS # \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your request for Honorary Withdrawal or Return from Honorary Withdrawal will not be granted without payment of any and all union dues/fees owed. Please return this form along with your payment to:

**Local Union #45 IBEW**  
**6255 Sunset Blvd., Suite 721 Hollywood, CA 90028**  
**Office 323-851-5515 or 800-332-2983 Fax 323-466-1793**