

# RELIEF/BENEVOLENT FUND REQUEST FOR DUES PAID

NAME: (Please print) \_\_\_\_\_

MEMBER ID \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_  
(BRIEF REASON WHY YOU QUALIFY)

Quarter to be paid \_\_\_\_\_  
(Circle One)      1st      2nd      3rd      4th  
                                 Jan/Feb/Mar      April/May June      July/Aug Sept      Oct/Nov/Dec

Hours Worked Prior Quarter \_\_\_\_\_

1st	2nd	3rd	4th
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

                                 Jan/Feb/Mar      April/May June      July/Aug Sept      Oct/Nov/Dec

Signature \_\_\_\_\_

**To qualify for the Relief/Benevolent fund - you must have worked less than 260 hours in the previous quarter of the request.**  
**Please note: If dues are paid on your behalf and hours are turned in after dues have been paid that exceeds 260 hours, you will be responsible for reimbursing the Relief/Benevolent Fund.**

Submit to: [info@smlocal12.org](mailto:info@smlocal12.org)