

## RECIPROCAL CONTRIBUTIONS FORM

Gentlemen :

Please be advised that I am a member of **Bricklayers & Allied Craftworkers**  
**Local Union No.** \_\_\_\_\_ **State** \_\_\_\_\_, From and after receipt of this notice will you  
kindly remit to my " **Home Local Union Fund** " the monthly total amount of all  
employer contributions which may be received by your Fund for and on behalf. I  
understand and agree that this notice and request shall remain in force and effect until I  
otherwise advise you in appropriate written form.

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**(Name of Member) Type or Print**

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**P.O. Box ; Street Number**

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**City, State, Zip Code**

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**Social Security Number**

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**Date**

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**Phone Number**

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**Signature**