



BC FERRY & MARINE WORKERS' UNION

Request for Member's Retirement Watch

Member's Name & Emp. # _____

Local _____

Start Date (Year) _____

Retirement Date (Year) _____

Women's or Men's Watch? _____

Requested by _____

Date Requested _____

Date Required _____

To be picked up by _____

Or mailed to _____

Address (*If required*) _____

City and Postal Code _____

Please email completed form to: mailroom@bcfmwu.com

or

Fax to: 250-716-3455