

EDMONTON PIPE TRADES
APPLICATION FOR COURSE REIMBURSEMENT

DATE: _____

PLEASE PRINT CLEARLY:

MEMBER NAME: _____ S.I.N. _____

STREET ADDRESS: _____

CITY & PROVINCE _____ POSTAL CODE _____

MEMBER'S TELEPHONE NUMBER: Area Code () _____

COURSE FOR REIMBURSEMENT _____

COMPLETION DATE: _____ UA MEMBERSHIP#: _____

Mail Cheque

Member to Pick Up

TRADE: _____

OFFICE USE ONLY

Dues in Good Standing

Refund Rejected

REASON:

AMOUNT: _____

APPROVED BY: _____

CHEQUE #: _____ DATE ISSUED: _____