

**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY
LOCAL 600 GROUP SICK LEAVE BANK MEMBERSHIP APPLICATION**

1. PLEASE TYPE OR PRINT

Date of Application: _____

NAME

EMPLOYEE NUMBER

JOB TITLE

AREA

WORK ADDRESS

WORK TELEPHONE

HOME ADDRESS

HOME TELEPHONE

2. TO BE COMPLETED BY APPLICANT:

I wish to participate in the Local 600 Group Sick Leave Bank. I have read and understand the rules of participation and procedures.

Signature of Applicant