



BROtherHOOD'S RELIEF AND COMPENSATION FUND
2150 Linglestown Road
Harrisburg, Pennsylvania 17110
1-800-233-7080 www.brcf.org

Return to Service Notice

Please Complete in Entirety

Terminal #	
Social Security #	
Member #	
Member's Name	
Address	
City	
State or Province	
Zip or Postal Code	
Current Telephone Number	Home () Cell ()
Date of Return to Service	
Amount of Dues Enclosed	\$

Please contact our office so that we may advise you of the correct amount of dues to enclose to reactivate your complete membership.

This form must be completed and returned to the Principal Office to restore your membership.

I have returned to active railroad service. Please adjust my membership records accordingly.

Signature: _____ Date: _____