



CHANGE OF ADDRESS FORM

MEMBER NAME: _____

MEMBER ID: UBC, SS# or ZJC #: _____

LOCAL #: _____

OLD ADDRESS: _____

CITY, STATE, ZIP: _____

NEW ADDRESS:

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

E-MAIL: _____

MEMBER SIGNATURE

DATE

PLEASE FILL OUT THIS FORM SO WE CAN UPDATE YOUR ADDRESS IN OUR FILES.

