



RE: REQUEST FOR ADDRESS/NAME CHANGE

In order to complete the change of address/name requested, please complete the following information, sign, date and return this form to the Union Office. If you are changing your name, please attach/forward a Marriage Certificate or Social Security Card to the Union Office. **Without your signature or a date, we will be unable to make this change.**

Member's Name **(PLEASE PRINT)** _____
(If doing a name change, please print prior name on line below)

Member's Social Security Number _____ -- _____ -- _____

New Address: _____
Street

City/State/Zip

Area Code Telephone Number

Member's Signature _____ Date _____

We appreciate your assistance in helping us to maintain an accurate record on your behalf.

Should you have any questions, please do not hesitate to contact the Union Office at (888) 564-6152.