

# MEMBER'S ADDRESS CARD – (Please PRINT or TYPE)

Date: \_\_\_\_\_

This card is being filed because:

- HAVE CHANGED MY ADDRESS  
 HAVE NOT RECEIVED BULLETIN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Last 4 Digits of SSN/SIN: \_\_\_\_\_

Local No.: \_\_\_\_\_ Initiation Date: \_\_\_\_\_

**Retain Top Copy • Return Bottom to General Office**