

CHANGE OF ADDRESS FORM

MEMBER NAME: _____

MEMBER ID, UBC/SS #: _____

LOCAL #: _____

OLD ADDRESS: _____

CITY, STATE, ZIP: _____

NEW ADDRESS:

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

E-MAIL: _____

MEMBER SIGNATURE

DATE

**PLEASE FILL OUT THIS FORM AND RETURN IT BACK TO THE
ELIGIBILITY DEPARTMENT SO WE CAN UPDATE YOUR ADDRESS IN OUR
FILES.**