

CHANGE OF ADDRESS - CANADA NOT FOR THE USE OF NEW MEMBERS

[PLEASE PRINT OR TYPE FULL NAME]

MR MS MRS FIRST NAME

 M.I.

LAST NAME

 JR III
 SR IV

EMAIL ADDRESS

 II V

LOCAL UNION

 CARD NUMBER

 SOCIAL INSURANCE NUMBER

 -

 -

(Present)

LOCAL UNION

(Former)

[IF YOU HAVE CHANGED LOCAL UNIONS -- WE MUST HAVE NUMBERS OF BOTH]:

NEW ADDRESS INFORMATION

NEW ADDRESS (STREET & NUMBER)

CITY

 PROV.

 POSTAL CODE

OLD ADDRESS INFORMATION

OLD ADDRESS (STREET & NUMBER)

CITY

 PROV.

 POSTAL CODE

FORMER NAME (IF APPLICABLE)

MR MS MRS FIRST NAME

 M.I.

 JR III
 SR IV
LAST NAME

 II V

I'M RETIRED AND RECEIVE IBEW® PENSION YES NO

