# CHANGE OF ADDRESS FORM

(PLEASE PRINT CLEARLY OR TYPE INFORMATION)

FIRST NAME

M.I.

SOCIAL SECURITY NUMBER

LAST NAME

SPOUSE FIRST NAME (IF APPLICABLE)

FOR INTER OFFICE USE ONLY

E-MAIL ADDRESS:

## NEW ADDRESS INFORMATION

*New Address (number & street)*

*City*

*State*

*Zip Code*

*Zip Four*

*Phone Number (including area code)*

*Cell Phone Number (including area code)*

## OLD ADDRESS INFORMATION

*Old Address (number & street)*

*City*

*State*

*Zip Code*

*Zip Four*

*Phone Number (including area code)*

## FOR INTER OFFICE USE ONLY

Date change received & from which office:

THIS INFORMATION HAS BEEN FAXED TO:

☐ Local 8 (419) 666-3984

☐ Credit Union (419) 666-3760

☐ Benefits Office (419) 666-5410

☐ JATC (419) 666-0336

## FOR LOCAL 8 USE ONLY

Active member ☐ or Retired member ☐

County:

Cong Dist:

Sen Dist:

House Dist:

Tnl Council:

District: