

**CHANGE OF ADDRESS AND/OR PHONE NUMBER**

*This process is for your protection and the form must be completely filled out and signed in order for the address change to be made*

*Please print*

Effective Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SS # \_\_\_\_\_

*Please check the appropriate boxes in the following information section*

What type of member are you?

JIW  JW  APP  Traveler  BA (LEA, low voltage, box shop, etc)

Are you currently employed? YES/NO (circle one)

If employed, which contractor are you working for?

\_\_\_\_\_

Are you retired? YES/NO (circle one)

If yes, which pension are you on? LOCAL INTERNATIONAL NEBF

Change was received by: Phone  In person  Returned mail

Members signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only		
CHANGE OF ADDRESS CHECK LIST		
Copy to Local 110 office	<input type="checkbox"/>	Date _____
Copy to JATC	<input type="checkbox"/>	Date _____
Copy to Credit Union	<input type="checkbox"/>	Date _____
Copy to Trust Fund Office	<input type="checkbox"/>	Date _____

<b>Notified:</b>
I/O <input type="checkbox"/>
NEBF <input type="checkbox"/>