

## CHANGE OF ADDRESS NOTICE

S.I.N.	Card No.
Name: (First)	(Last)
New Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Cell Phone:	E-mail:
Old Address: (REQUIRED)	
<p style="text-align: center;"><u>Protection of Privacy Policy Consent</u> I hereby authorize Local 213 of the International Brotherhood of Electrical Workers to use, disclose, and retain this information in accordance with its Privacy Policy.</p>	
Date	Signature
<i>FOR OFFICE USE ONLY</i> <input type="checkbox"/> Union Office <input type="checkbox"/> Welfare Office <input type="checkbox"/> International Office	