

ADDRESS CHANGE Request form

Name (Please Print): _____
Last 4 of Social Security #: _____
Local Union #: _____
Change Effective Date: _____
Member Card #: _____

OLD ADDRESS

Street: _____
Apt #: _____
City: _____
State: _____
Zip: _____

NEW ADDRESS

Street: _____
Apt #: _____
City: _____
State: _____
Zip: _____

I understand that this address change will be sent and used by the following:

Utah Electrical Training Alliance
Ogden Weber Tech College
IBEW Local 354
8th District Electrical Benefit Fund (Health & Pension)
NEBF

I agree that this information is true and correct.

Signature _____

Date _____