

SHEET METAL WORKERS' LOCAL 46  
CHANGE OF ADDRESS REQUEST FORM

(Please Print)

<p>MARITAL STATUS</p> <p><input type="checkbox"/> SINGLE</p> <p><input type="checkbox"/> MARRIED</p> <p><input type="checkbox"/> DIVORCED</p> <p><input type="checkbox"/> LEGALLY SEPARATED</p>	<p>UNION MEMBER NAME</p> <p>LAST NAME _____</p> <p>FIRST NAME _____</p>
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<p>SOCIAL SECURITY NUMBER _____</p> <p>DATE OF BIRTH _____</p> <p>ADDRESS CHANGE EFFECTIVE DATE _____</p>	<p><input type="checkbox"/> ACTIVE</p> <p><input type="checkbox"/> TERMINATED</p> <p><input type="checkbox"/> RETIRED</p>
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FORMER ADDRESS

\_\_\_\_\_

STREET

\_\_\_\_\_

CITY, STATE, ZIP

\_\_\_\_\_

COUNTY

\_\_\_\_\_

PHONE NUMBER

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CURRENT ADDRESS

\_\_\_\_\_

STREET

\_\_\_\_\_

CITY, STATE, ZIP

\_\_\_\_\_

COUNTY

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE