IUPAT LOCAL 177 WELFARE TRUST FUND

CHANGE OF ADDRESS

MEMBER INFORMATION			
LAST NAME	FIRST NAME		
LOCAL UNION	CERTIFICATE NUMBER / SIN	DATE OF BIRTH (MM/DD/YY)	GENDER ☐ Male ☐ Female
PHONE NUMBER	EMAIL ADDRESS		

NEW ADDRESS			
ADDRESS			PHONE NUMBER
CITY	PROVINCE	POSTAL CODE	E-MAIL ADDRESS

OLD ADDRESS			
ADDRESS			PHONE NUMBER
CITY	PROVINCE	POSTAL CODE	E-MAIL ADDRESS

SIGNATURE	
Please note we cannot change your address without your signature.	
SIGNATURE OF MEMBER	DATE (MM/DD/YY)

Please return to:
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