CHANGE OF NAME OR ADDRESS

INSTRUCTIONS:

1. **Print clearly or type all information**
2. **Prepare duplicate copy for your records**

1034 N. Washington
Lansing, MI 48906
(800) 237-2632
(517) 487-5081
Fax: (517) 487-3970

Local No. _____ **Local Name** _____
REPORTED BY: _____ **DATE** _____
Name _____
Address _____
City _____ **State** _____ **Zip** _____

	SUB LOCAL	NAME FIRST	MI	LAST	ADDRESS	CITY	STATE	ZIP	MEMBER ID#	TELEPHONE
1		NEW			NEW					( )
		OLD			OLD					( )
2		NEW			NEW					( )
		OLD			OLD					( )
3		NEW			NEW					( )
		OLD			OLD					( )
4		NEW			NEW					( )
		OLD			OLD					( )
5		NEW			NEW					( )
		OLD			OLD					( )
6		NEW			NEW					( )
		OLD			OLD					( )
7		NEW			NEW					( )
		OLD			OLD					( )
8		NEW			NEW					( )
		OLD			OLD					( )
9		NEW			NEW					( )
		OLD			OLD					( )
10		NEW			NEW					( )
		OLD			OLD					( )