

UA LOCAL 32

ADDRESS CHANGE

DATE: _____ TRADE LEVEL: _____

NAME: _____ SS#: _____ CARD #: _____

NEW ADDRESS: _____

CITY: _____ ZIP: _____

NEW PHONE #: _____ ALTERNATE #: _____ CELL #: _____

E-MAIL ADDRESS: _____

DATE EFFECTIVE: _____

CHANGE FILLED OUT AT:

JATC OFFICE ___ UA LOCAL 32 OFFICE ___ PHONED IN: _____

COMMENTS: _____

OFFICE USE ONLY

	DATE	INITIALS
UPDATE MMS		
UPDATE UARTS		
UPDATE UA NET		
COPY FOR FILE		
COPY TO LOCAL 32		
COPY TO JATC		
COPY TO NANCY / JATC		
ZENITH ADM.		
NATIONAL UA		