

# LOCAL 617 ADDRESS CHANGE FORM

**Member's Name:**

\_\_\_\_\_

Last

\_\_\_\_\_

First

**Member's Soc. Security  
#:**

\_\_\_\_\_

**Member's Old Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

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**Member's NEW Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

**Member's Signature:**

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_