

# CHANGE OF ADDRESS - CANADA NOT FOR THE USE OF NEW MEMBERS

[PLEASE PRINT OR TYPE FULL NAME]

MR  MS  MRS FIRST NAME 



 M.I.

LAST NAME 



 JR  III  
 SR  IV

EMAIL ADDRESS 



 II  V

LOCAL UNION 



 CARD NUMBER 



 SOCIAL INSURANCE NUMBER 



 - 



 - 



  
(Present)

LOCAL UNION 



  
(Former)

[IF YOU HAVE CHANGED LOCAL UNIONS -- WE MUST HAVE NUMBERS OF BOTH]:

## NEW ADDRESS INFORMATION

NEW ADDRESS (STREET & NUMBER) 



  
CITY 



 PROV. 



 POSTAL CODE

## OLD ADDRESS INFORMATION

OLD ADDRESS (STREET & NUMBER) 



  
CITY 



 PROV. 



 POSTAL CODE

## FORMER NAME (IF APPLICABLE)

MR  MS  MRS FIRST NAME 



 M.I. 



 JR  III  
LAST NAME 



 SR  IV  
 II  V

I'M RETIRED AND RECEIVE IBEW® PENSION  YES  NO

