

LOCAL 767 ADDRESS CHANGE FORM

DATE: _____ SS# (OR LAST 4) : _____

NAME: _____

NEW ADDRESS: _____ APT.: _____

CITY: _____, STATE: _____, ZIP: _____

CELL PHONE: _____ OTHER PHONE: _____

EMAIL: _____

I WOULD LIKE TO RECEIVE EMAIL (Y / N) AND TEXT (Y / N) NOTIFICATIONS FROM THE LOCAL. PLEASE CIRCLE YOUR PREFERENCE NEXT TO EACH OPTION. STANDARD TEXT MESSAGING RATES APPLY.

----- OFFICE USE BELOW -----

TITAN _____ QB _____ GRIEV _____ BENEFITS _____ COMM _____

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