

CHANGE OF ADDRESS FORM

When you change your address, in order that we may better communicate with you, please complete the form below and forward the same to your local union office.

My current mailing address is:

Name

Social Security No.

Address

City

State

Zip Code

Telephone Number _____ - _____

Employer

Store No.

Mail to:

**Local 227, U.F.C.W.
3330 Pinecroft Drive
Louisville, Kentucky 40219-3055**