

# LOCAL MEMBER INFORMATION

**ALL REQUESTS ARE SUBJECT TO VERIFICATION BY YOUR LOCAL**

LOCAL #: \_\_\_\_\_

NEW MEMBER [ ]      REMOVE MEMBER [ ]      MEMBERSHIP CARD [ ]

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Hire: \_\_\_\_\_

E-MAIL ADDRESS (optional): \_\_\_\_\_

## **NAME CHANGE**

Old Name: \_\_\_\_\_

New Name: \_\_\_\_\_

## **ADDRESS CHANGE**

Old Address: \_\_\_\_\_  
\_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_

## **LOCAL CHANGE** (Change in agencies or job location only)

Old Local #: \_\_\_\_\_

New Local #: \_\_\_\_\_

**Please fill out all information pertaining to your request and fax to Megan Batchelder at 860-224-3041.**