

## LOCAL 550 BAKERY DRIVERS

P.O. Box 293 · Collingswood, NJ 08108

## NOTE: THIS FORM IS FOR CHANGE OF ADDRESS ONLY:

To add Spouse/Dependent(s), Please Contact the Fund Office

<u>CHANGE OF ADDRESS</u>	
MEMBER'S NAME:	
SOCIAL SECURITY NUME	BER:
OLD ADDRESS:	
NEW ADDRESS:	
CITY/STATE/ZIP CODE:	
PHONE NUMBER:	
EFFECTIVE DATE:	
MEMBER'S EMAIL:	
SPOUSE'S EMAIL:	
I CERTIFY THAT ALL OT AND CORRECT.	THER INFORMATION ON MY CENSUS FILE IS CURRENT
MEMBER'S SIGNATURE:	
DATE:	