



**CHANGE OF ADDRESS FORM**

**MEMBER NAME:** \_\_\_\_\_

**SSN# or UBC ID#:** \_\_\_\_\_

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

**OLD ADDRESS**  
**STREET** \_\_\_\_\_  
\_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

---

**NEW ADDRESS**

**STREET** \_\_\_\_\_  
\_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**HOME / CELL PHONE#:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

\_\_\_\_\_  
**MEMBER SIGNATURE**

\_\_\_\_\_  
**DATE**

**\*\* COMPLETE THIS FORM TO UPDATE YOUR ADDRESS WITH NJCF \*\***