CHANGE OF ADDRESS - USA
NOT FOR THE USE OF NEW MEMBERS

[PLEASE PRINT OR TYPE FULL NAME]

☐ MR ☐ MS ☐ MRS

FIRST NAME

M.I.

LAST NAME

☐ JR ☐ III ☐ SR ☐ IV ☐ II ☐ V

EMAIL ADDRESS

LOCAL UNION

(Present)

CARD NUMBER

SOCIAL SECURITY NUMBER

Gender*
☐ MALE ☐ FEMALE

[IF YOU HAVE CHANGED LOCAL UNIONS -- WE MUST HAVE NUMBERS OF BOTH]:

LOCAL UNION

(Former)

NEW ADDRESS INFORMATION

NEW ADDRESS (STREET & NUMBER)

CITY

STATE

ZIP CODE

OLD ADDRESS INFORMATION

OLD ADDRESS (STREET & NUMBER)

CITY

STATE

ZIP CODE

I'M RETIRED AND RECEIVE IBEW® PENSION ☐ YES ☐ NO

FORMER NAME (IF APPLICABLE)

☐ MR ☐ MS ☐ MRS

FIRST NAME

M.I.

LAST NAME

☐ JR ☐ III ☐ SR ☐ IV ☐ II ☐ V

Form No. 115 Rev 06/05

* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.

Submit