

MEMBER CHANGE REQUEST

Laborers' International Union of North America Local 368

1617 Palama Street Honolulu, Hawaii 96814

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(PLEASE PRINT CLEARLY)

MEMBER NAME (FIRST, MIDDLE, LAST)		MEMBER SOCIAL SECURITY NUMBER
MEMBER DATE OF BIRTH (MM/DD/YY)	MEMBER HOME PHONE	MEMBER MOBILE PHONE
NEW MAILING ADDRESS		APARTMENT #
CITY	STATE/COUNTRY	ZIP CODE
E-MAIL ADDRESS: (PLEASE PRINT CLEARLY)		

OFFICE USE ONLY	
Update System	<input type="checkbox"/>
Scan & rename	<input type="checkbox"/>
Attach to record	<input type="checkbox"/>

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

MEMBER'S SIGNATURE: _____

DATE: _____