

Local Union No. 813

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Affiliated With
**International Brotherhood
of Teamsters**

CHANGE OF ADDRESS FORM

MEMBER'S NAME _____

LAST: _____ **FIRST:** _____

COMPANY : _____

SS: _____ - _____ - _____

NEW ADDRESS: _____ **APT#** _____

CITY **STATE** **ZIP CODE**

TELEPHONE : _____

MEMBER'S SIGNATURE : _____

THANK YOU.