



LABORERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 235 BENEFIT FUNDS

CHANGE OF ADDRESS FORM

Member Name: _____ Home Local # _____

Date of Birth _____ SS # _____

Old Address:

New Address:

Effective date of change: _____

Individuals affected by this change: (check one)

- Member only
 Member + Spouse
 Member + all dependents

If not Member only, please list all dependents affected by this change:

