

Central Illinois Carpenters
Health & Welfare Trust Fund
200 S. Madigan Drive
Lincoln, IL 62656
(217) 732-1919
(217) 732-7799 Fax

CHANGE OF ADDRESS FORM

(Please print)

Member Name XXX-XX-_____
Last 4 of SSN *or*

Local Union No. _____
Ins. Card ID#

OLD ADDRESS

Complete Street Address *or* PO Box *or* Rural Route and RR Box

City/State/Zip Code

NEW ADDRESS

Complete Street Address *or* PO Box *or* Rural Route and RR Box

City/State/Zip Code

Telephone Number

Member's Signature _____
Date