



North Atlantic States Carpenters
Benefit Funds

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CHANGE OF ADDRESS FORM

Members are required to provide the Fund Office with their current address and contact information. We have been provided with information that indicates that your address may have changed. We will not change the address we have on file for you without your authorization. Please complete this form and return it to the Fund Office as soon as possible in the envelope we have provided if you would like your mail from the Fund Office delivered to a new address. With the exception of this Change of Address form, mail will continue to be delivered to the address we currently have on file until you provide us with authorization to change it.

Member's Full Name

Local Union Number

U-_____
UBC ID Number

Social Security Number (Last 4 Digits)

Street Address

City, State, Zip Code

Email Address (Optional)

Telephone Number (With Area Code)

Birth Date

Cell Phone Number (Optional)

Signature

Date