

BAY AREA ROOFERS HEALTH & WELFARE TRUST FUND

P.O. BOX 5057, SAN JOSE, CA 95150-5057

CHANGE OF ADDRESS NOTIFICATION

MEMBER NAME: _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

NEW PHONE NUMBER: (_____)_____

IF THIS ADDRESS IS NOT FOR ENTIRE FAMILY, PLEASE LIST EXPLANATION AND OTHER

ADDRESS: _____

MEMBER'S SIGNATURE: _____

THIS FORM MAY BE MAILED TO: BAY AREA ROOFERS
P.O. BOX 5057
SAN JOSE, CA 95150-5057

OR THIS FORM MAY BE FAXED TO: 408/288-4439

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 408/288-4457