



## CHANGE OF NAME/ADDRESS FORM – ACTIVE EMPLOYEES

**TO:** **LIUNA** Local Union 808  
410 South Main Street  
Providence, RI 02903  
Fax: 401-751-1591

**FROM:** \_\_\_\_\_ (Name of Employee)

**RE:** Change of Name and/or Address

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Please advise my local union office of my new name and/or address as follows:

**EMPLOYEE NAME**

**OLD NAME:** \_\_\_\_\_

**NEW NAME:** \_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**NEW HOME PHONE:** \_\_\_\_\_  
(Area Code) (Number)

**EMAIL ADDRESS:** \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency & Phone Number**