



IATSE LOCAL 8
EMPLOYERS ANNUITY AND VACATION FUNDS

P.O. Box 9 • COLLINGSWOOD, NJ 08108

NOTE: THIS FORM IS FOR CHANGE OF ADDRESS ONLY;
To add Spouse/Dependent(s), Please Contact the Fund Office

CHANGE OF ADDRESS

MEMBER'S NAME: _____

SOCIAL SECURITY NUMBER: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____

EFFECTIVE DATE: _____

MEMBER'S EMAIL: _____

SPOUSE'S EMAIL: _____

I CERTIFY THAT ALL OTHER INFORMATION ON MY CENSUS FILE IS CURRENT AND CORRECT.

MEMBER'S SIGNATURE: _____

DATE: _____