



IATSE LOCAL 8  
EMPLOYERS TRAINING FUND

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: \_\_\_\_\_