



**CARPENTERS' AND MILLWRIGHTS' HEALTH &  
WELFARE BENEFIT TRUST FUND OF SASKATCHEWAN**

**CHANGE OF ADDRESS REQUISITION**

<b>MEMBER INFORMATION</b>			
<b>LAST NAME</b>		<b>FIRST NAME</b>	
<b>LOCAL UNION</b>	<b>CERTIFICATE NUMBER</b>	<b>DATE OF BIRTH</b> (MM/DD/YY)	<b>GENDER</b> Male Female
<b>PHONE NUMBER</b>		<b>EMAIL ADDRESS</b>	

<b>NEW ADDRESS</b>			
<b>ADDRESS</b>			<b>PHONE NUMBER</b>
<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>	<b>E-MAIL ADDRESS</b>

<b>OLD ADDRESS</b>			
<b>ADDRESS</b>			<b>PHONE NUMBER</b>
<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>	<b>E-MAIL ADDRESS</b>

<b>SIGNATURE</b>	
Please note we cannot change your address without your signature.	
(MM/DD/YY)	
<b>SIGNATURE OF MEMBER</b>	<b>DATE</b>