



CHANGE OF ADDRESS FORM

PLEASE PRINT CLEARLY

FIRST & LAST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NO: _____

E-MAIL: _____

DIVISION OR SECTION: _____

CAP/BADGE NO.: _____

PLEASE SUBMIT THIS INFORMATION BY MAIL OR HAND DELIVERY TO THE TWU LOCAL 250-A HEADQUARTERS:
1508 FILMORE STREET, SUITE 211, SAN FRANCISCO, CA 94115 OR BY E-MAIL administratorlocal250a@twu.org.

**TO RECEIVE A BALLOT AT YOUR NEW ADDRESS, WE MUST HAVE YOUR COMPLETED CHANGE OF ADDRESS
FORM BY NOVEMBER 8, 2019**