

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA

GARY PERINAR
Executive Secretary-Treasurer

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President



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MEMBER ADDRESS CHANGE FORM

CURRENT INFORMATION	
Name: _____	UBC Number: _____
Address: _____ _____	Local: _____
Phone: _____	
NEW INFORMATION	
Effective Date: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Email: _____ Phone: _____	
I authorize that all information provided on this change of address application may be shared with the following entities:	
<input type="checkbox"/> Mid-America Carpenters Regional Council Offices	
<input type="checkbox"/> Mid-America Carpenters Regional Council Central Dues Offices	
<input type="checkbox"/> Mid-America Carpenters Regional Benefit Services Offices	
<input type="checkbox"/> Mid-America Carpenters Regional Council Apprentice & Training Programs	
SIGN AND DATE	
Signature: _____	Date: _____

Please return completed form to: Mid-America Carpenters Regional Council Office
Attention: Front Office
1401 Hampton Avenue
St. Louis, MO 63129