

NAME CHANGE FORM - USA

[PLEASE PRINT OR TYPE FULL NAME]

--PLEASE MAKE THE FOLLOWING NAME CHANGE TO MY IBEW MEMBERSHIP RECORDS--

FROM:

Form fields for FROM: FIRST NAME, M.I., MR, MS, MRS

Form fields for FROM: LAST NAME

- JR, III, SR, IV, II, V

TO:

Form fields for TO: FIRST NAME, M.I., MR, MS, MRS

Form fields for TO: LAST NAME

- JR, III, SR, IV, II, V

Gender* MALE FEMALE

LOCAL UNION

CARD NUMBER

SSN

MEMBERSHIP TYPE

LOCAL UNION grid

CARD NUMBER grid

SSN grid

MEMBERSHIP TYPE grid

- "A" MEMBER, "BA" MEMBER

(MM/DD/YYYY)

EFFECTIVE DATE OF THIS NAME CHANGE:

EFFECTIVE DATE grid

THIS CHANGE IS MADE NECESSARY BECAUSE OF A:

COURT ORDER

CHANGE OF MARITAL STATUS

(NAME IS MISSPELLED, INCORRECT INITIAL, ETC.)

OTHER:

OTHER: grid

NOTE: IF YOU ARE AN "A" MEMBER AND YOU ALSO INTEND TO CHANGE YOUR BENEFICIARY, REQUEST FORM #124 FROM YOUR LOCAL UNION FINANCIAL SECRETARY.

THIS FORM MUST BE FORWARDED TO THE I.O. WITH THE PER CAPITA REPORT

* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.

