



Sheet Metal Workers and Roofers Local Union 30

190 Milner Ave, Scarborough, Ontario M1S 5B6
(416) 299-7260 FAX (416) 299-7734 Toll Free: 1-800-268-3562



CHANGE OF ADDRESS FORM – LU 30 MEMBERS

(please print legibly)

Effective Date: _____ Today's Date: _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

FIRST NAME

INITIAL(s)

SURNAME

_____|_____|_____|_____|_____|_____|

STREET No.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

STREET NAME

_____|_____|_____|_____|

STREET TYPE

(Road, Avenue, etc)

_____|_____|_____|

Street Direction

_____|_____|_____|

Unit/Suite/Apt./Site/Lot

_____|_____|_____|_____|

PO Box or RR No.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

CITY

_____|_____|

PROV.

_____|_____|_____|_____|_____|

POSTAL CODE

HOME # _____ - _____ - _____

MOBILE # _____ - _____ - _____

Social Insurance Number

E-Mail Address

SMWIA Membership No.

Member Signature

Please select your classification by placing an "X" in the box:

Sheet Metal Journeyman

1st year Sheet Metal Apprentice

Roofer

Sheeter

2nd year Sheet Metal Apprentice

Production

Sheeter Assistant

3rd year Sheet Metal Apprentice

Retired Member

Material Handler

4th year Sheet Metal Apprentice

Limited member

Probationary Sider

5th year Sheet Metal Apprentice

Disabled Member

For Office Use Only: BT / RF

E-Z Union: _____ W/C: _____ Benefits: _____ I.A. _____ TSMCA _____ Training Centre _____
(Apprentices Only)

WORK CARD: ACTIVE _____ UNEMPLOYED _____ ATTACH _____ NOTES: _____

