



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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Sheet Metal Journeyman | <input type="checkbox"/> 1 st year Sheet Metal Apprentice | <input type="checkbox"/> Roofer |
| <input type="checkbox"/> Sheeter | <input type="checkbox"/> 2 nd year Sheet Metal Apprentice | <input type="checkbox"/> Production |
| <input type="checkbox"/> Sheeter Assistant | <input type="checkbox"/> 3 rd year Sheet Metal Apprentice | <input type="checkbox"/> Retired Member |
| <input type="checkbox"/> Material Handler | <input type="checkbox"/> 4 th year Sheet Metal Apprentice | <input type="checkbox"/> Limited member |
| <input type="checkbox"/> Probationary Sider | <input type="checkbox"/> 5 th year Sheet Metal Apprentice | <input type="checkbox"/> 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: _____