

SEATU HOME ADDRESS FORM

(Please print)

NAME: _____

PHONE NO.: _____

ADDRESS: _____

LAST FOUR DIGITS OF SSN: _____

This will be my permanent address for all official union mailings. This address should remain in the union file unless otherwise changed by me.

Signature/date:

Ⓢ Please send to: Address Correction Dept., 5201 Capital Gateway Drive, Camp Springs, MD 20746