

**SOUTHERN CALIFORNIA LUMBER INDUSTRY WELFARE FUND**

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**To report a change of address, please complete this form and return to the  
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*(please print)*

NAME \_\_\_\_\_

SOCIAL SECURITY NO. XXX-XX \_\_\_\_ \_ PHONE NO. \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ LOCAL UNION NO. \_\_\_\_\_