



Sheet Metal Workers Local #10 Union Change Form

SSN	<input type="text"/>
Area	<input type="text"/>

Note to Member: Please complete all of the **highlighted** area's on this form and mail back to the union hall as soon as possible.

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Init	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Zip Code	<input type="text"/>	Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Gender	<input type="text"/>	Date of Birth	<input type="text"/>		
Email Address	<input type="text"/>				
Signature	<input type="text"/>			Date	<input type="text"/>

OFFICE USE ONLY

All areas of this form must be completed by the Business Representative responsible

Contractor	<input type="text"/>	Agent	<input type="text"/>	Date	<input type="text"/>
Initiation Fee	<input type="text"/>	Union Dues	<input type="text"/>	Class Code	<input type="text"/>
App. %	<input type="text"/>				
<input type="checkbox"/> Re-Initiation	<input type="checkbox"/> Re-Deposit from Withdrawal Card	<input type="checkbox"/> Classification Change			

Marital Status: For Pension & Health Enrollment Purposes only:

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	Divorced Date:	<input type="text"/>
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Comments/Notes	<input type="text"/>
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Check The Correct Class

****Election Form Must Be Completed By The Agent Responsible!****

<input type="checkbox"/> Commercial Journeyman	<input type="checkbox"/> Residential Journeymen	<input type="checkbox"/> Commercial Apprentice	<input type="checkbox"/> Residential Apprentice
<input type="checkbox"/> Tradesman	<input type="checkbox"/> Metal Trades Mechanic	<input type="checkbox"/> Classified Worker	<input type="checkbox"/> Pre-Apprentice
<input type="checkbox"/> Applicant (Residential)	<input type="checkbox"/> Erector	<input type="checkbox"/> Production	<input type="checkbox"/> Arch Specialist
<input type="checkbox"/> Arch Pre- Apprentice			

For Office Use Only!

Copy to Benefit Office	<input type="text"/>	Date processed	<input type="text"/>
Name of Processor	<input type="text"/>	Date returned	<input type="text"/>