



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)

SURNAMES

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
STREET No.	STREET NAME	STREET TYPE (Road, Avenue, etc)

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Street Direction	Unit/Suite/ Apt./Site/Lot	PO Box or RR No.	
<input type="text" value=" "/>	<input type="text" value=" "/>	<input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> <input type="text" value=" "/>
CITY			PROV.
POSTAL CODE			

HOME #

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:

