

# Carpenters Trusts of Western Washington

## Change of Address Notice

This form must be completed and signed by the participant. Please print clearly.

Last name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home telephone: (        ) \_\_\_\_\_

Mobile telephone: (        ) \_\_\_\_\_

Retired?  Yes  No    Member number: \_\_\_\_\_ Local Union: \_\_\_\_\_

Email: \_\_\_\_\_

Effective date for change: \_\_\_\_\_

Signature (participant only): \_\_\_\_\_

Date signed: \_\_\_\_\_

Please return this form to:

Carpenters Trusts of Western Washington  
PO Box 1929  
Seattle, WA 98111-1929

[www.ctww.org](http://www.ctww.org)  
(206) 441-6514 Seattle  
(800) 552-0635 Nationwide