



SCRIPT SUPERVISORS/CONTINUITY, COORDINATORS, ACCOUNTANTS & ALLIED PRODUCTION SPECIALISTS GUILD LOCAL 871

CHANGE OF ADDRESS

MEMBER NAME: _____

CRAFT: _____

Previous Address: _____

NEW ADDRESS: _____

Effective Date: _____

Did you change your **PHONE NUMBER?** Yes _____ No _____

Home New: _____

Cell New: _____

Did you change your **EMAIL?** Yes _____ No _____

New Email: _____

Signature (required) _____

Date _____

- Please provide the requested information, signature & date. You may submit this document via **US mail, fax 818-506-1555** or scan and email to **office@ialocal871.org**