



# PUBLIC EMPLOYEES' LOCAL UNION 1033

of the

Laborers' International Union of North America, AFL-CIO

410 South Main Street, Providence, RI 02903 Tel. 401/331-1033

Please Fax this form to the Union Office at (401) 421-0244

SSN: _____ Home Tel: _____ Cellular: _____	Subscriber Name: (last) _____ (first) _____
Birth date: ____/____/____	Mailing Address: Street: _____ Apt/Fir: _____ City: _____ State: _____ Zip: _____
Employer: Town of North Providence - Bargaining Unit: _____	

**ACTION CODE:**

- Name Change (attach supporting documentation)
- Address Change / Telephone or Cell # Change
- Incorrect D.O.B. (attach copy of birth certificate)
- Incorrect S.S.N. (attach copy of Social Security Card)
- Status Change
  - Resigned (please give date) \_\_\_\_\_
  - Retired (please give date) \_\_\_\_\_
  - Other (please give reason & date) \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Employer) Authorized Signature