

HAWAII ELECTRICIANS TRAINING FUND

NAME / ADDRESS / TELEPHONE CHANGE FORM

Name: _____ Last 4 of SSN: _____
(Please Print) Cell #: _____

Name Change: _____ Home #: _____
(Provide a Legal Document)

Old Home Address: _____ -
Number & Street City State Zip+4

New Home Address: _____ -
Number & Street City State Zip+4

MAILING ADDRESS:
(LIST ONLY IF DIFERENT FROM ABOVE ADDRESS) Number & Street City State Zip+4

Effective Date of Change: ____ / ____ / ____ Email Address: _____

Please walk-in, fax 808-843-8818, or email the change form to training@hetf1186.org.

SIGNATURE OF MEMBER / **DATE**

(FOR OFFICE USE ONLY)

Route to: L.U.1186 IBEW _____ Ad. Ofc. _____ H&W _____ FCU _____ PH Card _____ Hawaii Electricians Training Fund
Date Received: _____