



CANADIAN UNION OF POSTAL WORKERS

HAMILTON LOCAL 548

1130 Barton Street East
Suite 200
Hamilton, Ontario L8H 7P9
Telephone: 905-573-8700
Fax: 905-573-8699

CHANGE OF ADDRESS/ UNION DUES WAIVER FORM

Please Check One: **Address Change**

(Complete Section A)

Union Dues Wavier

(Complete Section A&B)

Section A (Please Print)

Name:

CPC I.D.#: _____

Work Location:

Classification:

New Address:

New Phone #:

Section B (Please Check One)

Reason for leave: Parental

Sick Without Pay

Other:

(Please specify type of leave)

Start of Leave: _____

End of Leave: _____

Last pay from CPC:

Comments:

Members Signature:

Date:

Please forward to Hamilton Local Secretary Treasurer David Rennie