



INDIANA UNION CONSTRUCTION
SUBSTANCE ABUSE TRUST

Change of Address Form for IUCSAT members

Today's Date: _____

Social Security Number: _____

IUCSAT card number: _____

Union affiliation: _____

Name: _____

New Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Requested by : _____ (Signature)

Notes: _____

Submit this form to the IUCSAT administrator by:

- fax: (317) 262-2222 (fax is secure);
- mail: 603 E Washington St., Suite 200, Indianapolis, IN 46204;
- e-mail: info@iucsat.org
- in person (at the address noted above);
- on-line at www.iucsat.org.

To be completed by IUCSAT administrator:

Completed by: _____ Date: _____

Notes: _____
