



International Longshoremen's Association

Local 1426

Change of Address Request

Employee Name: _____ Badge Number: _____

Social Security Number: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

New Address: _____

City: _____ State: _____ Zip: _____

Employee Signature: _____ Date: _____

Office (910) 762-8231
Fax (910) 763-7564

Email: contact@ilalocal1426.org



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