



BAC Administrative District Council of Eastern Missouri

AFL-CIO



BRIAN JENNEWAIN
Director

JOHN HOPKIN
Secretary-Treasurer

2000 MARKET ST.
ST. LOUIS, MISSOURI 63103

Phone No. (314) 621-5560
Fax No. (314) 621-6003



SPANNING THREE CENTURIES

Field Representatives
MICHAEL WEBER
MICHAEL FOX, SR.
MARK SAVAGE
JOHNNY WALKER, JR.

Dear Member:

Please note the following process change for **ALL address changes** going forward (including ALL active and retired members, as well as all former members who collect a pension benefit):

All address changes must be submitted via provided form available at the Union Hall or Pension & Welfare Fund Office.

This form must be signed either at the Union Hall with proper ID and proof of new address to verify your identity, in the Presence of a Business Agent or Union Officer if you've arranged to meet one on a jobsite, or it may be signed in the presence of a Notary.

****Address changes will NOT be accepted by phone.****

Also, please note that all members must provide a current, active cellphone number and/or email address where we can reach you urgently, if necessary. It is *strongly encouraged* that all members sign up for our texting program and the BAC Member Portal/BAC Mobile to monitor the status of your dues and benefits. There will be updates to those systems shortly that will allow for text/email updates to members when there are hours reported, dues delinquencies, and also security alerts.

These steps are for your protection and the security of your benefits and personal information to make sure that ***you*** are the only one making any changes to your data.

If you have any questions, you can call us at the Hall.

Fraternally,

Amy Dickey
Administrative Assistant
BAC ADC of Eastern Missouri



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CHANGE OF ADDRESS NOTIFICATION

My address has changed for the following reason:

(Please check one of the following)

- Effective _____ I have moved.
- I am temporarily away; I will return on: _____.
- The post office has changed my address due to 911 requirements.

Please **print** your new information below. All fields must be completed.

Member Name	XXX-XX- Last 4 digits of SS#	IU# IU Number
Street Address		
City	State	Zip
(____) _____ Home Phone	(____) _____ Cell Phone	

****This form must be signed in the presence of either a Union Officer or Notary Public.****

Subscribed to and sworn to before me, this _____ day of _____, 20_____.

Notary Public Signature _____

County of _____ State of _____

My Commission expires: _____

[SEAL HERE]

Member Signature	Date Signed
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---OFFICE USE ONLY---

Received By

Date Received