



Change of Office Form

Please print your details

Date _____

Members Name _____

Home Address _____

Post code _____

Telephone No _____

Pay number _____

Membership Number _____

Old Office _____

Old Office Address _____

Post Code _____

Please return to:

**Dave Armstrong
The Branch Organiser
CWU Room GO1, Sol House
29 St Katherines Street
Northampton
NN1 2QZ**

Or hand to your Union Representative.

Northamptonshire Amalgamated Branch