



**NOTIFICATION OF CHANGE IN LOCAL AFFILIATION**

**Email to: District Dues Specialist/Coordinator**

Company Name: \_\_\_\_\_ Local: \_\_\_\_\_ P.U. Number: \_\_\_\_\_

| Social Security Number | Employee's Name | Work Location or Payroll Code | Local Change Effective Date | Explanation | For District Use Only Correct Local Jurisdiction |
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Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Local Officer)

Copies: District Local

Email to: District Dues Specialist/Coordinator MLO-121 (04/16)