

**Address Form**  
 Please print information  
**CUPW**

**CANADIAN UNION OF  
 POSTAL WORKERS  
 (LONDON LOCAL)**

Mr.	1
M.	2
Mrs.	3
Mme	4
Miss	5
Ms	6
Ms	7

S.I.N.

Family Name

Given Name

Initial(s)

Telephone

Home Address  
 Apt. No. St. No. and Name or P. O. Box and Postal Str.

City, Town or Village

Postal Code:

Work Location

Province