



CHANGE OF ADDRESS FORM

NAME _____

List all membership numbers to which this change of address applies:

NEW ADDRESS

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS *(if different from above)*

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL# _____

E-MAIL ADDRESS _____ WORK# _____

SIGNATURE _____ EFFECTIVE DATE _____

FOR OFFICE USE ONLY

Signature verified by _____ ID (type) verified _____ by _____
(employee initials) *(employee initials)*

OR

Other verification *(if applicable)* _____ by *(employee initials)* _____

Check off once you have updated the address on:

Member Account		Bill Pay	
Credit Card		IRA	
Other		Other	

COMPLETED FORMS SHOULD BE SCANNED INTO MEMBER RECORD