



# Members Exchange

We'll take you there...

## CHANGE OF ADDRESS FORM

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**PLEASE PRINT CLEARLY**

\_\_\_\_\_

Member Name

\_\_\_\_\_

Member Number/Social Security Number

\_\_\_\_\_

Old Address

\_\_\_\_\_

New Physical Address

\_\_\_\_\_

New Mailing Address (if different from physical address)

\_\_\_\_\_

City State Zip

\_\_\_\_\_

City State Zip

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**PLEASE PROVIDE UPDATED CONTACT INFORMATION**

( ) \_\_\_\_\_

Home Phone

( ) \_\_\_\_\_

Work Phone

( ) \_\_\_\_\_

Cell Phone

( ) \_\_\_\_\_

Other Contact Number (if applicable)

\_\_\_\_\_

E-mail address

\_\_\_\_\_

Alternate E-mail address

\_\_\_\_\_

**Member Signature**

\_\_\_\_\_

**Date**

State of \_\_\_\_\_, in the county of \_\_\_\_\_

This document was signed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_  
(Name of Account Holder)

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_