

CHANGE OF ADDRESS FORM

Dear Member:

In an effort to keep your membership file up to date, the Federation requests that you provide us with following **new** information, such as your **new** home address, phone number or any other new pertinent information that has recently changed. Thank you for your support and cooperation.

Name: _____ New legal name: _____

Social Security No. or Employee ID. # _____

E-Mail Address: _____

New Address (please include street address, city and zip code)

Street address Apartment/Building Number

City State Zip code

Home Telephone Number: _____

Old Address (please include street address, city and zip code)

Employer: _____

Work Location: _____

Job Title/Classification: _____

Work Telephone No.: _____ Beeper/Cell phone: _____

Date: _____ Signature: _____

National Federation of Public and Private Employees (AFL-CIO)

1700 NW 66 Avenue, Suite 100

Plantation, Florida 33313

Office: 954-797-7575 Outside Broward County: 800-872-8488 Fax: 954-797-2922

Thank you for helping us keep in touch with you!