



Change of Address

First Name: _____

Last Name: _____

Member Number: _____

Date of Change: ____/____/____

Do you have a debit card? ____ Yes ____ No

Old Address: _____

City, State Zip: _____

New Address: _____

City, State Zip: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Signature: _____

This form must be faxed or mailed to us with your signature.

Fax to: (806) 373-2421

For internal use only:

Date changed: _____ Employee's initials: _____