

DOBBS FERRY UNITED TEACHERS
253 West 35th Street, 12th Floor
New York, NY 10001
Tel: 212.505.5050

ADDRESS & INFORMATION CHANGE FORM

Please use *ink only* to complete the following information and sign at the bottom so that we may update your records.

MEMBER's FULL NAME _____
LAST NAME FIRST NAME

DOB ____/____/____ SOC. SEC. NO. ____--____--____

ADDRESS _____
NO. STREET FLOOR/APT#

ADDRESS _____
CITY OR BOROUGH STATE ZIP

HOME NO. _____ WORK NO. _____ CELL NO. _____

E-MAIL _____

STATUS: SINGLE MARRIED WIDOWED DIVORCED LEGALLY SEPARATED

NEW ADDRESS:

ADDRESS _____
NO. STREET FLOOR/APT#

ADDRESS _____
CITY OR BOROUGH STATE ZIP

DATE _____ **SIGNATURE** _____

*Information will **not** be processed without signature!*

FOR OFFICE USE ONLY **DO NOT WRITE BELOW THIS LINE**

Date: _____ ERS Initials: _____

Date: _____ HSP Initials: _____

Date: _____ QBKS Initials: _____

Date: _____ AXE Initials: _____