

**FEDERAL EDUCATION ASSOCIATION
MEMBERSHIP CHANGE OF ADDRESS FORM**

Name _____
(Last – First – Middle Initial – as listed on *membership record*)

Name _____
(Last – First – Middle Initial – as listed on *finance office records*)
(if same, please just write "Same")

Last four digits of Social Security Number (*for verification purposes only*) _____

Type of Change:

_____ Retirement _____ Resignation _____ Transfer

_____ LWOP _____ Other: _____

Date of Change: _____

Current School _____

District _____

New School _____

District _____

New Address (if available) _____

Temporary Address (if applicable) _____

Phone Number _____
(include country code/area code)

Personal E-mail address _____
(government email address not acceptable)

RETURN COMPLETED FORM TO:
FEA, ATTN: Nereyda Jones, 1201 16th STREET NW, SUITE 117, WASHINGTON DC 20036
Or e-mail to: njones@nea.org
Or it can be faxed to: 202-822-7867