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