

Please type or Print Legibly

Unit # _____ Month _____ 20__

PART A REPORT OF CHANGE OF RECORD OF MEMBER---PLEASE ENTER ALL INFORMATION

| Member Number (1) | Service Code (2) | Affiliation Code (3) | Last Name (4) | First Name (5) | Address (6) | Phone (7) | Birth Date (8) |
|----------------------|---------------------|-------------------------|------------------|-------------------|----------------|--------------|-------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PART B TRANSFERS (CODES 56, 57, 58)

| Member Number (8) | Last Name (9) | First Name (10) | Code (11) | Birth Date (12) | Membership Began (13) | From/To Unit Number (14) | Send Card To Unit (15) |
|----------------------|------------------|--------------------|--------------|--------------------|--------------------------|-----------------------------|---------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PART C REPORT OF DECEASED (53), RESIGNATION (50), INELIGIBLE (55)

| Member Number (15) | LAST NAME (16) | FIRST NAME (17) | DATE OF DEATH (18) | Code (19) |
|-----------------------|-------------------|--------------------|-----------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |