

PCT "B"

Unit# \_\_\_\_\_ Month \_\_\_\_\_ 20 \_\_\_\_\_

Please type or Print Legibly.

Unit Secretary Signature

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

Member Number (1)	Serv Code (2)	Affil Code (3)	Last Name (4)	First Name	Email Address (5)	Address Street, City, State, Zip (6)	Phone (7)	Birthdate (8)

**PART B TRANSFERS (CODES 56, 57, 58)**

Member Number (9)	First Name (10)	Last Name	Email (11)	Code (12)	Birthdate (13)	Membership Began (14)	From/To Unit Number (15)	Send Card To Unit (16)

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

Member ID (18)	Last Name	First Name (20)	Date of Death if applicable	Code (21)