

CHANGE OF ADDRESS

NOTE: • This form must be filled out completely and signed below.

- **Power Of Attorney Information:** If you have power of attorney for an FPPA member, you must include a certified copy* of the power of attorney documents before this form can be processed.

**A copy that is compared to the original document and attested to by a notary.*

Check one: **Active Member** - After filling out this form submit the form to your Employer. Your Employer will make the address change through the FPPA payroll reporting system.

Retired Member - After filling out this form please mail it to FPPA at the address above.

Effective Date of Address Change: _____

Member Information

Member's Last Name

First Name

Mid. Initial

Social Sec.# (last 4 digits ONLY)

PREVIOUS Phone • E-mail • Address Information

PREVIOUS Home Phone Number

PREVIOUS Cell Phone Number

PREVIOUS Fax Phone Number

PREVIOUS Work Phone Number

PREVIOUS E-mail Address

PREVIOUS Street Address

Apt #

City

State

Zip

NEW Phone • E-mail • Address Information

NEW Home Phone Number

NEW Cell Phone Number

NEW Fax Phone Number

NEW Work Phone Number

NEW E-mail Address

NEW Street Address

Apt #

City

State

Zip

Signature

X _____
Signature (member or power of attorney for member)

Date Signed