



**MEMBER ADDRESS CHANGE FORM**

**Member Name(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driver License/I.D. #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Account No.:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Address**

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Current Address**

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physical Address** (if mailing address is a P.O. Box)

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Altier CU Representative:** \_\_\_\_\_ **Date** \_\_\_\_\_

\*As of May 1, 2009, accounts with return mail are assessed a \$5.00 returned mail fee.\*