



## Change of Address

Last Name		First Name		MI
Social Security Number		Member Status <input type="checkbox"/> Deferred <input type="checkbox"/> Retired <input type="checkbox"/> Survivor		
<b>Old Address</b>			Apt. Number	
City		State	Zip	
<b>New Address</b>			Apt. Number	
City		State	Zip	
Home Phone		Cell Phone		
Work Phone		E-Mail address		

Effective Date of Change
Additional Instructions

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

For additional information, please see the Member Handbook on our website:

[www.vcera.org](http://www.vcera.org)