



International Association of EMTs and Paramedics

A DIVISION OF THE NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES

Address / Name Change Request

** If your last name has changed, please provide your former last name on the first "Name" line, and new last name on second "Name" line.*

* Name: _____ Local #: _____

Old Address: _____

City: _____ State: _____ Zip: _____

* Name: _____

New Address: _____

City: _____ State: _____ Zip: _____

Complete form and print, then fax to 617-376-0469

or

Complete form, then email to membership@nage.org

and

Submit a copy to your employer's payroll department