



National Association of Government Employees

AFFILIATED WITH THE SERVICE EMPLOYEES INTERNATIONAL UNION

Address / Name Change Request

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

* Name: _____ Local #: _____

Old Address: _____

City: _____ State: _____ Zip: _____

* Name: _____

New Address: _____

City: _____ State: _____ Zip: _____

Print and complete Form then Fax to 617-376-0469

or

Complete Form On-Line then E-mail to Membership@nage.org

and

Submit a copy to your Employer's Payroll Department