



CHANGE OF ADDRESS/ CHAPTER CHANGE REQUEST FORM

PLEASE PRINT CLEARLY

Name: _____ Rank: _____

Member ID# _____

(Member ID# is required. Don't know it? Call our Member & Field Relations department at (800)638-0594)

New Address: _____

City/State/Zip: _____

Phone: _____

eMail: _____

Assign me to the nearest AFSA chapter based on my ZIP code

Assign me to AFSA Chapter _____

Date: _____ Signature: _____

APRIL 2008 Stock #20000017



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Keep your membership information and chapter assignment current, and continue to receive your AFSA benefits and privileges. Visit our website: www.hqafsa.org Or, send this postcard with your changes today!

**MAIL TO: AFSA Headquarters
5211 Auth Road
Suitland, MD 20746**



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