

Please type or Print Legibly

Unit # _____ Month _____ 20__

PART A REPORT OF CHANGE OF RECORD OF MEMBER---PLEASE ENTER ALL INFORMATION

Member Number (1)	Service Code (2)	Affiliation Code (3)	Last Name (4)	First Name (5)	Address (6)	Phone (7)	Birth Date (8)

PART B TRANSFERS (CODES 56, 57, 58)

Member Number (8)	Last Name (9)	First Name (10)	Code (11)	Birth Date (12)	Membership Began (13)	From/To Unit Number (14)	Send Card To Unit (15)

PART C REPORT OF DECEASED (53), RESIGNATION (50), INELIGIBLE (55)

Member Number (15)	LAST NAME (16)	FIRST NAME (17)	DATE OF DEATH (18)	Code (19)