

**FEDERAL EDUCATION ASSOCIATION
MEMBERSHIP CHANGE OF ADDRESS FORM**

Name _____
(Last – First – Middle Initial – as listed on membership record)

Name _____
(Last – First – Middle Initial – as listed on finance office records)
(if same, please just write "Same")

Last four digits of SSN (for verification purposes only) _____

Type of Change:

Retirement Resignation Transfer
 LWOP Other _____

Date of Change: _____

Current School _____

District _____

New School _____

District _____

New Address (if available) _____

Temporary Address (if applicable) _____

Phone Number _____

(include country code/area code)

Personal Email address _____

(government email address not acceptable)

RETURN COMPLETED FORM TO FEA, ATTN: Alice Jefferson, 1201 16TH., STREET NW,
SUITE 117, WASHINGTON, DC 20036
Or e-mail to: ajeffer@nea.org
Or it can be faxed to: 202-822-7867