FEDERAL EDUCATION ASSOCIATION
MEMBERSHIP CHANGE OF ADDRESS FORM

(This form is to be used for mailing address, personal email, name and/or telephone number changes ONLY.)

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

Name Change (if applicable) __________________________________________
(Last – First – Middle Initial)

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 ___________________________________________________
(PLEASE INCLUDE COUNTRY CODE/AREA CODE)

Personal Email address ___________________________________________
(PERSONAL (NON DOD) EMAIL ADDRESS ONLY – Government email address NOT acceptable)

RETURN COMPLETED FORM TO FEA
ATTN: Nereyda Jones-Luciano
1201 16th STREET NW, SUITE 117, WASHINGTON, DC 20036
Or e-mail to: njones@nea.org
Or fax it to: 202-822-7867