



## International Brotherhood of Police Officers

A DIVISION OF THE NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES

### Address / Name Change Request

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

\* Name: \_\_\_\_\_ Local #: \_\_\_\_\_

Old Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Complete Form and print, then fax to 617-376-0469**

**or**

**Complete Form, then email to [membership@nage.org](mailto:membership@nage.org)**

*and*

**Submit a copy to your employer's payroll department**