



THIS FORM IS FOR USE IN UPDATING HEADQUARTER'S RECORDS

Please return this form to the Office of the Statewide Secretary, CSEA, Inc.,
143 Washington Avenue, Albany, NY 12210 or fax to (518) 465-2382

IMPORTANT - TYPE OF UPDATE

- | | |
|---|---|
| <input type="checkbox"/> Change in officer position:
<i>*please provide signed Exec. Board minutes</i> | <input type="checkbox"/> Delete from records
<i>*please provide documentation - i.e., signed resignation letter, retirement, etc.)</i> |
| <input type="checkbox"/> Change in delegate position:
_____ (LOCALS ONLY) | <input type="checkbox"/> Change in preferred mailing address |
| <input type="checkbox"/> Name change | <input type="checkbox"/> Address and/or phone change |

PLEASE PRINT

Local Name and Number _____

Unit Name and Number _____

Social Security Number ____ / ____ / ____ Male ____ Female ____

Name FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

Nickname _____ Date of Birth _____

Work Address: _____

CITY _____ STATE _____ ZIP CODE _____

Work Phone _____ Ext. _____ Cell Phone _____

Work Phone _____ Ext. _____ Fax _____

Home Address: _____

CITY _____ STATE _____ ZIP CODE _____

Home Phone _____ Unlisted: Yes ____ No ____

Please send mail to my (check one) Home address ____ Work address ____

E-mail _____

Job Title _____

Effective date of change _____

Local or Unit President's signature _____

