



# 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:<br><i>*please provide signed Exec. Board minutes</i> | <input type="checkbox"/> Delete from records<br><i>*please provide documentation - i.e., signed resignation letter, retirement, etc.)</i> |
| <input type="checkbox"/> Change in delegate position:<br>_____ (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 \_\_\_\_\_

