



PO BOX 8017
EL MONTE CA 91734
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NAME CHANGE REQUEST

This form may be uploaded through our [Secure eMail](#) when completed. Please also include a legible copy of your driver's license bearing your new name.

Member #	Contact Phone #	Work Phone #	
Address			Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State & Zip			

Former Name

Last, First & Middle Initial (print)	Date	Former Signature
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New Name

Last, First & Middle Initial (print)	Date	New Signature
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Please send cards in my new name – Debit Credit