

# Change of Address Form

1. *Print and complete this form, then fax or mail it:*

## Change of Address Form

(REQUIRED INFORMATION IS MARKED IN **ORANGE**)

### Old Address/Phone

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

**Street Address:** \_\_\_\_\_

**City and State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Phone: \_\_\_\_\_ (optional)

E-mail: \_\_\_\_\_ (optional) Fax: \_\_\_\_\_ (optional)

### New Address/Phone

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

**Street Address:** \_\_\_\_\_

**City and State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Phone: \_\_\_\_\_ (optional)

E-mail: \_\_\_\_\_ (optional) Fax: \_\_\_\_\_ (optional)

### **Mail or fax this completed form to:**

Greg Frink, Membership Coordinator  
991 Jean Avenue  
Akron, OH 44310-1757  
FAX: 330.634.0268