

CALIF ORNIA STATE RETIREES

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www.CalRetirees.org

MEMBERSHIP INFORMATION UPDATE

To Whom It May Concern,

Please accept this as my notification of change of address.

Name: _____

Old Address: _____

New Address: _____

Phone: _____

Email Address: _____

Membership Number: _____

Last 4 digits of SSN: _____

Chapter #: _____

Thank you for your assistance.

Sincerely,