



Federation of Nurses/UFT

Personal Information Change Form



Use this form to notify the UFT Membership Department of one of the following:
Change of name or Change of address or Change of telephone number

Please check one: Registered Nurse LPN Other _____

Please PRINT the following information

Your Social Security Number

_____ — _____ — _____

Last Name _____ First Name _____

(Please submit proof of name change)

Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone# (____) _____ Email _____

Employer Name (please check one) JHH LMC SIUH VNS Other _____

In order to process this request, your *signature* and *date* MUST appear below.

Signature _____ Date ____/____/____

Please be advised that incorrect information may delay your access to benefits