



CHANGE OF ADDRESS REQUEST

Office Use Only	
Employee Initials _____	FM Date: _____
Forwarded to Cards Department	Yes/No
Date Sent: _____	
Comments: _____	

***indicates required field**

Date: _____ *Member Number: _____

*Member Name: _____

*New Mailing Address: _____

*City: _____ *State: _____ *Zip: _____

*Email Address: _____

Phone Numbers

***If the mailing address is a P.O. Box, you must enter a physical address**

Physical Address: _____

City: _____ State: _____ Zip: _____

Do you have an Idaho Visa Debit / Credit Card? Yes No

Other member number addresses to be changed:

Name: _____ Member Number: _____

Name: _____ Member Number: _____

Name: _____ Member Number: _____

Member Signature: (required) _____

PLEASE FAX TO (208) 343-4587