



PERSONAL INFORMATION CHANGE FORM

Use this form to notify the UFT Membership Department of one of the following:

- Change of name
- Change of address or
- Change of telephone number

Please check one: day school/pedagogical paraprofessional retired other _____

Please print the following information:

Your Social Security Number (last four digits)		EIS # _____
X X X - X X - _____		FILE # _____
Last Name	First Name	

Street Address	Apt. #	
City	State	Zip Code
Home Telephone Number () -	E-mail	
School/Site	Boro	School Telephone Number () -

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.

TAPE HERE

Carmen Alvarez, Michelle Bodden, Richard Farkas, Aminda Gentile, Michael Mulgrew, Frank Volpicella

VICE PRESIDENTS

Mona Romain, Assistant Treasurer

Elizabeth Langiulli, Assistant Secretary

Mel Aaronson, Treasurer

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Randi Weingarten, President

UFT OFFICERS

PLACE
CORRECT
POSTAGE
HERE

UFT

Membership Department
52 Broadway
New York, NY 10004

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