

# National C-FAR

## CHANGE OF ADDRESS FORM

Name: \_\_\_\_\_  
          First                          M.                          Last

Old Company/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Old State, City, Zip: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

New Company/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**\*\*Important: E-mail Address:**

\_\_\_\_\_

Web Address: \_\_\_\_\_

Please Fax To:  
**(217) 398-4119**

Or Mail to:  
**N-CFAR Membership Dept.  
2441 Village Green PL.  
Champaign IL 61822**