



Washington Teachers' Union

CHANGE OF ADDRESS FORM

Full Name: _____ SSN _____

Previous Address: _____
Street Apt/Unit#

City State Zip Code

New Address: _____
Street Apt/Unit #

City State Zip Code

Home Phone: _____ Cell Phone _____

Work Phone: _____ Fax: _____

Email Address: _____

Signature: _____ Date: _____

Please allow 3-5 business days upon receipt for changes to be updated. Contact the WTU office for any questions or concerns.

Forms may be mailed or faxed to the following:

Washington Teachers' Union
1825 K St., NW
Suite 1050
Washington, DC 20006
Attn: Membership Department
FAX: 202-223-0259 (Attn: Membership Department)

TO BE COMPLETED BY WTU MEMBERSHIP DEPARTMENT:		
Date Received:	_____	
Date Completed:	_____	
Completed By:	_____	
<input type="checkbox"/> DBP	<input type="checkbox"/> Spectera	<input type="checkbox"/> WTU