



# International Association of EMTs and Paramedics

A DIVISION OF THE NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES

## ADDRESS/NAME CHANGE REQUEST

*\*If your last name has changed, please provide your former last name on first "name" line, and new last name on second "name" line.*

\*Name: \_\_\_\_\_ Local #: \_\_\_\_\_

Old Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Print and complete form, then fax to the  
IAEP Membership Department at:  
617-376-0469**

**and**

**Submit a copy to your employer's payroll/human resources  
department.**

159 Burgin Parkway  
Quincy, MA 02169

phone 617.376.0220  
fax 617.376-7278

