NEA-NEW MEXICO
MEMBERSHIP CHANGE FORM

BATCH ID _____

(nea-nm use only)

TODAY'S DATE _____

LOCAL _____

DATE POSTED _____

(nea-nm use only)

MEMBER NAME	Last 4 Digits SSN	Member ID (nea-nm use only)	CURRENT INFORMATION	NEW INFORMATION	DATE OF CHANGE
_____	_____	_____	_____	_____	_____
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**Name, Address, Phone No., School Work Site, Pay Method, Member Type,

Updated 2/24/2016 ds