



Temporary Address Form

Member Name: _____ Account Number: _____

Temporary Address: _____ Start Date: _____

_____ End Date: _____

Member Signature

Date

SEND COMPLETED FORM TO:

info@wm SCU.org

Hopkins Office
1001 Highway 7, Room 249
Hopkins, MN 55305
Fax: (952) 988-4167

Edina Office
5701 Normandale Rd, Room 322
Edina, MN 55424
Fax: (952) 848-4283