



Address Change Form

Name: _____ Account Number: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Email Address: _____

Old Address: _____

New Address: _____

Member's Signature

Date

SEND COMPLETED FORM TO:

info@wmscu.org

Hopkins Office

1001 Highway 7, Room 249
Hopkins, MN 55305

Fax: (952) 988-4165

Edina Office

5701 Normandale Rd, Room 322
Edina, MN 55424

Fax: (952) 848-4283