



# Las Vegas City Employees' Association

## Member Change of Information Form

Please enter the new information in the applicable spaces below.

Make sure you print and sign this form. No changes will be made without your signature. You can return this form to our office through interoffice mail. Faxed forms will not be accepted.

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Dept.: \_\_\_\_\_

Div.: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Signature