

Member's Name:	MI	Last	Suffix
Member No.	Email Address:	Mobile Phone No.	Home Phone No.

If applicable, apply changes to all associated accounts:

Enter Account Number(s):

### PREVIOUS ADDRESS:

Address: Street	City	State	Zip Code
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### NEW PHYSICAL ADDRESS: (No P.O. Boxes)

Address: Street	City	State	Zip Code
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If this is an International address, check the box and type the name of the Province and/or Country below.

Province	Country
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### NEW MAILING ADDRESS: (If same as physical address leave blank)

Address: Street/ P.O. Box	City	State	Zip Code
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If this is an International address, check the box and type the name of the Province and/or Country below.

Province	Country
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Once you have completed all the above fields, print this form, sign it, date it and mail to the address at the top of the form, email membership@memorialcu.org or fax to 713.778.6300. Please include a copy of a current Driver's License or photo ID.

### SIGNATURE:

Member's Signature



Date (MM/DD/YY)

<input type="checkbox"/> In Person			For Office Use Only		
<input type="checkbox"/> IRA		<input type="checkbox"/> MasterCard Credit Card			
Identity Verified Intl.	Date	Comments			