

This form is to be completed by Community President, Group Leader, or their respective Secretaries and forwarded to Central Office when there is a Change of Address, Telephone Number, Name or Legal Status of a Member.

Date _____

From:

_____ President Group Leader

_____ Community Group

_____ City and State

PLEASE CHANGE CENTRAL OFFICE RECORDS

FROM	<input type="checkbox"/> Mr.	_____	Phone (_____)
	<input type="checkbox"/> Mrs.		
	<input type="checkbox"/> Miss	Name	Area code & No.
Address _____			
		Street No. or P.O. Box No.	City State Zip
TO:	<input type="checkbox"/> Mr.	_____	Phone (_____)
	<input type="checkbox"/> Mrs.		
	<input type="checkbox"/> Miss	Name	Area code & No.
Address _____			
		Street No. or P.O. Box No.	City State Zip

FROM	<input type="checkbox"/> Mr.	_____	Phone (_____)
	<input type="checkbox"/> Mrs.		
	<input type="checkbox"/> Miss	Name	Area code & No.
Address _____			
		Street No. or P.O. Box No.	City State Zip
TO:	<input type="checkbox"/> Mr.	_____	Phone (_____)
	<input type="checkbox"/> Mrs.		
	<input type="checkbox"/> Miss	Name	Area code & No.
Address _____			
		Street No. or P.O. Box No.	City State Zip

Please put complete zip code including 4-digit number. Also include Apt. No. if applicable.

Send to: OCDS Central Office, 510 North El Molino Street, Alhambra, CA 91801