

Change of Member Status

Name _____ LIUNA Membership # _____

School _____

Change:

___ Name ___ Address ___ Phone ___ Email Address ___ Marital Status

___ Leave of Absence: (Circle One) Child Care Maternity Sabbatical Medical Personal

___ Resigned ___ Retired ___ Laid Off ___ Associate Member

Please list the exact change of name (if married give both),
address with zip code and apt. #, etc. below:

New Tel. # _____ Cell # _____

Email _____