



DUKES COUNTY CONTRIBUTORY RETIREMENT SYSTEM

9 Airport Road, Suite 1
Vineyard Haven, Massachusetts 02568

Telephone (508) 696-3846 • Fax (508) 696-3847

MEMBER CHANGE REQUEST FORM

Name: _____

Social Security Number: _____

Check any boxes that apply.

Change name from _____ to _____.
I have attached a photocopy of a document showing my current legal name. Your current driver's license or state issued identification card is acceptable proof if it shows your current legal name. Otherwise, please attach a copy of the document that orders the name change (ex. marriage certificate, divorce decree, court order).

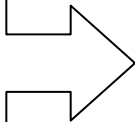
Change my address to:

Mailing Address:	Street Address	
City	State	Zip

Check here for current account balance statement.
All active and inactive members receive an annual account statement at the beginning of the year.

If you have any questions regarding this form please call our office at (508) 696-3846.

**SIGN
HERE**



Signature

Date