



Change of Address Form

Fax to: 414.546.7815 or
mail to: 11333 W. Greenfield Ave., West Allis WI 53214 or
scan and upload to www.appletree.org/about-us/secure-file-upload

PLEASE TYPE OR PRINT CLEARLY

Member Number (s) _____ Effective Date _____

Primary Member Name _____

Previous Address _____

New Address _____

Home Phone # _____ Cell # _____

Work # _____ E-mail _____

Primary Member Signature _____ Date _____

Joint Member Signature _____ Date _____

Joint Member Cell # _____ E-mail _____

Office Use Only:

All Member # (s) _____ (scan for each #) _____

Primary Member SS#: _____

Debit Card: Yes No IRA: Yes No Mtg: Yes No

Verified/Taken By/Date: _____ Completed By/Date: _____

Information changing: _____