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**State Vocational Federation of Teachers**

PO Box 290  
Rocky Hill, CT 06067

Local 4200A

AFT/AFT-CT/AFL-CIO

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**Membership Information Change Form**

Please complete and submit this form to the union office should you have any changes in your personal information.

Name \_\_\_\_\_ Date \_\_\_\_\_

Name Change (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Fax to SVFT (860) 721-0323 or Return to Your Union Rep