



## NAME CHANGE FORM

MEMBER #: \_\_\_\_\_

DATE: \_\_\_\_\_

Name change due to:      MARRIAGE      DIVORCE      SPELLING      OTHER

Changing name from: \_\_\_\_\_  
(PLEASE PRINT)

Changing name to: \_\_\_\_\_  
(PLEASE PRINT CURRENT NAME AS IT APPEARS ON DRIVER LICENSE)

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

THIS FORM IS USED TO REPLACE THE ORIGINAL RECEIPT ISSUED FOR A REFUND IN FULL FOR MEMBERSHIP FEE(S) AND/OR METER DEPOSIT(S) PAID BY THE MEMBER WHOSE MEMBER NUMBER APPEARS ON THIS FORM. RECEIVED BY THE WEST FLORIDA ELECTRIC COOPERATIVE ASSOCIATION, INC., WHOSE POST OFFICE ADDRESS IS GRACEVILLE, FLORIDA.

AUTHORIZED SIGNATURE: \_\_\_\_\_

WHEN COMPLETED MAIL TO:      WEST FLORIDA ELECTRIC COOPERATIVE  
P.O. BOX 127  
GRACEVILLE, FL 32440

COPY OF DRIVERS LICENSE ATTACHED

COPY OF SOCIAL SECURITY CARD ATTACHED

FORM ISSUED BY: \_\_\_\_\_

DISTRICT:      10

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