

*A.O.C.E.*

CHANGE OF ADDRESS

NAME: (print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_ WORK PLACE: \_\_\_\_\_

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

Please send to:  
AOCE Secretary/Treasurer  
P.O. Box 13357  
Salem OR 97309

05/07/07 DW

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