



MSEA-SEIU Member Info Update Form

Your PIN # (from your membership card) _____

Your name _____

Your personal mailing address:

Street or PO Box _____

City/Town _____

ZIP code _____

Your email:

HOME _____

WORK _____

Your phones:

HOME phone _____

CELL phone _____

**By providing my cell phone number, I understand that MSEA and MSEA- affiliated organizations and partners may call or text me at that number on a periodic basis to provide me timely and important information. MSEA will never charge for text message alerts. Carrier message and data rates may apply.*

WORK phone _____

Your work location. List the actual physical street address of the building you work in:

Work street name and number _____

Work city/town _____

Work ZIP code _____

***Please complete and return your form TODAY.
FAX to: 207-623-4916. Thank you!***

