



P.O. Box 906  
Loma Linda, CA 92354  
Ph. (909) 796-0206  
Fax (909) 796-2233

**Member Number(s)** \_\_\_\_\_

**Primary Member**

Name \_\_\_\_\_

Home Address:

Street \_\_\_\_\_

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

Mailing Address:

Street \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**Joint Member**

Name \_\_\_\_\_

Home Address:

Street \_\_\_\_\_

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

Mailing Address:

Street \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*A minor's account will require a signature of an adult joint member 18 years or older.

**Please mail all address change forms to:**

*La Loma Federal Credit Union*

*Attention: Address Changes*

*P.O. Box 906*

*Loma Linda, CA 92354*