



Change of Address

Please send the completed form to the nearest Equity office

Date:		Performer ID*:	
Professional (Equity) Name:			
Please enter your new contact information below:			
Street Address 1:			
Street Address 2:		City:	
State:	Zip:	Country:	
Private Phone:		Public Phone**:	
E-mail Address:			
I wish to receive emails from AEA regarding regional events, news, and important union information.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of the National Council, Equity Committee, or Board? <input type="checkbox"/> Yes <input type="checkbox"/> No			

* Your performer ID is located on your Equity Membership card.

** Provide a contact number that you wish to authorize for release to industry professionals.

Comments: