



# American Maritime Officers Change of Address



**NOTE: This form applies only to AMO union mailings.**

It does **NOT** apply to Pension, Medical, Vacation or other benefits-related mailings from AMO Plans.

	<b>Book or Applicant Number</b>		
<b>M A I L I N G</b>	<b>Name</b>		
	<b>Street Address</b>		
	<b>City, State Zip</b>		
	<b>Home Phone</b>	<b>Cell #</b>	
	<b>E-mail</b>		
<b>P E R M A N E N T</b>	<b>(If Different from Mailing) Street Address</b>		
	<b>City, State, Zip</b>		
<b>E M E R G E N C Y  C O N T A C T</b>	<b>Name</b>	<b>Relationship</b>	
	<b>Street Address</b>		
	<b>City, State, Zip</b>		
	<b>Home Phone</b>	<b>Cell #</b>	
<b>Newspaper will be sent to mailing address unless noted differently</b>	<b>Street Address</b>		
	<b>City, State Zip</b>		
	<b>Signature</b>		
	<b>Date Submitted</b>		

<b>U.S. Mail</b>	<b>E-mail</b>	<b>FAX</b>
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American Maritime Officers  
ATTN: Member Services  
P.O. Box 66  
Dania Beach, FL 33004-0066

A signature is required. Complete the form, print and sign it. Scan the completed form and e-mail as an attachment to:  
[memberservices@amo-union.org](mailto:memberservices@amo-union.org)

Attention: Member Services  
(954) 367-1066