

SEABEE VETERANS OF AMERICA CHANGE OF ADDRESS FORM

PLEASE PRINT LEGABLY

| _____

REQUEST ADDRESS CHANGE

FROM: _____

CITY _____ STATE _____ ZIP _____

PHONE# _____ EMAIL _____

REQUEST ADDRESS CHANGE

TO: _____

CITY _____ STATE _____ ZIP _____

PHONE# _____ EMAIL _____

**COMPLETE FORM AND MAIL TO THE
NSVA NATIONAL SECRETARY:**

Charles H. Coffin, NSVA Natl. Sec'y

2047 Ridge Road

Queensbury, New York 12804