



8660 United Plaza Blvd. (70809), P.O. Box 44516, Baton Rouge, Louisiana 70804-4516
 Phone: 225.925.6484, Toll-free: 1.800.256.3718, Fax: 225.922.1001, www.lasers.net

Change of Address Authorization

Please type or print in ink all entries except signatures.

Section 1 - Member Information					
Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number	
Address (Street/P.O. Box)				Primary Telephone Number	
City, State, and Zip Code				Cell or Secondary Telephone Number	
E-mail Address					

Section 2 - Member Signature	
Signature of Member or Authorized Agent (Do not print or type)	Date Signed (MM/DD/YYYY)

Note: If authorized agent is signing, please attach the Power of Attorney.

Section 3 - Witness Information (*If you sign with an "X" this section must be completed.)	
We, _____ and _____, the undersigned competent witnesses, hereby acknowledge and attest that the above-named member appeared before us and personally signed the above in our presence this _____ day of _____, _____ (month) _____ (year).	
Signature of Witness (Do not print or type)	Signature of Witness (Do not print or type)
Address (Street/P. O. Box)	Address (Street/P. O. Box)
City, State, and Zip Code	City, State, and Zip Code