Address Change Form

Date: ______________________________

Changed By: ________________________________ Store: ________________________________

Name _____________________________________________________________________________

A/C _______________________________________________________________________________

Old Address: _______________________________________________________________________

___________________________________________________________________________________

New Address: _______________________________________________________________________

___________________________________________________________________________________

Phone: ____________________________________________________________________________

Number of cards wanted: ____________________________________________________________

(Do Not Use This For Cardtrol Card Orders)

Office Use Only

☐ Accounts Receivable

☐ Member

MAIL COMPLETED FORMS TO:
GRANGE CO-OP, P.O. BOX 3637, CENTRAL POINT, OR 97502 • PHONE: (541) 664-1261 • FAX (541) 664-1246