

# AFCI Fellows Address and Contact Information

Submit this form if you have any change in address or contact information. Please print or type.

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Today's Date: \_\_\_\_\_ If you are moving, what is the effective date for this information? \_\_\_\_\_

**Please send my fellowship payments to:**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

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Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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E-mail Address \_\_\_\_\_

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Signature \_\_\_\_\_ Date (Month, Day, Year) \_\_\_\_\_

**Please mail this form to:**  
University Research Alliance  
WTAMU Box 60189  
Canyon, TX 79016-0001