

CHANGE OF ADDRESS FORM

Please use this form for any and all changes you need to make to your EODMBI member record. Thank you.

NAME _____

ADDRESS _____

IF YOU HAVE A SECOND ADDRESS PLEASE INCLUDE IT HERE:

PHONE (S) _____

EMAIL ADDRESS _____

ANY OTHER INFORMATION OR CHANGES:

Please send completed form to:

EOD MasterBlasters, Inc.

P.O. Box 87

Crawfordville, FL 32326-0087

Should you have any questions or need assistance please contact your secretary:

email: afeodmbi@msn.com

Phone: (850) 926-8892 (please leave a message if phone isn't answered).