**Membership Information Update (PLEASE PRINT CLEARLY)**

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| **LAST Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **FIRST Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Effective Date of Change(s):**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **\_\_\_\_\_\_\_\_** | **Please update my mailing address:**  |
|  | Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | City: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State:  | \_\_\_\_\_\_\_ | Zip: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **\_\_\_\_\_\_\_\_\_** | **Please update my phone number:**  |
|  | Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **\_\_\_\_\_\_\_\_\_** | **Please update my email address:**  |
|  | Email:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Membership Meeting Notification Preference:** |
|  | \_\_\_\_\_\_ | I want to be informed by U.S. Mail |
|  | **\_\_\_\_\_\_** | I want to be informed by email.  |
| (By opting in to receiving electronic membership meeting notices you will be responsible for informing the office if your email address changes.) |
| **Please return completed form to the office** |
| OFFICE USE: Date Rec’d\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |