



A Positive Path for Spiritual Living

Membership Information Update (PLEASE PRINT CLEARLY)

LAST Name: _____ FIRST Name: _____

Effective Date of Change(s): _____

_____ **Please update my mailing address:**

Address: _____

City: _____ State: _____ Zip: _____

_____ **Please update my phone number:**

Phone: _____

_____ **Please update my email address:**

Email: _____

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 _____]