



**OPT-IN to Electronic Meeting Notification
(PLEASE PRINT CLEARLY)**

LAST Name: _____ FIRST Name: _____

Confirm Email: _____

By opting into receiving electronic membership meeting notices you will be responsible for informing the office if your email address changes.

Signature: _____ Date: _____

Please return completed form to the office

OFFICE USE: Date Rec'd _____]



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