



**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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