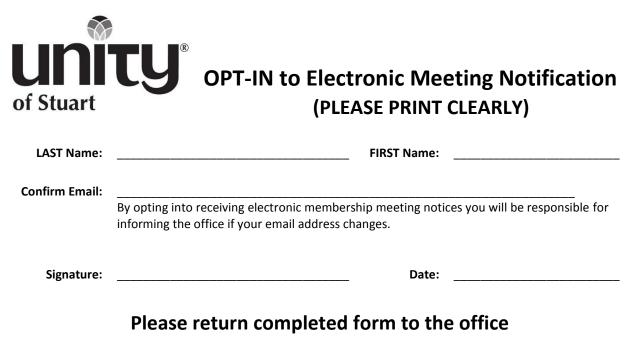
un of Stuart	OPT-IN to Electronic Meeting Notification (PLEASE PRINT CLEARLY)
LAST Name:	FIRST Name:
Confirm Email:	By opting into receiving electronic membership meeting notices you will be responsible for informing the office if your email address changes.
Signature:	Date:
	Please return completed form to the office
	OFFICE USE: Date Rec'd]



OFFICE USE: Date Rec'd_____]