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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **\_\_\_\_\_\_\_\_** | **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | | |