

Name: _____ Date _____

CHANGE OF MEMBERSHIP INFORMATION/TRANSFER OF MEMBERSHIP

(Other than New Membership Application)

_____ Transfer of allotment /Membership _____ Old Allotment # _____ New Allotment #

_____ Add Associate Member

_____ Add Alternate Associate Member

_____ Change Member Reason for Change _____ \$ _____ enclosed
_____ Staking Verified or New
_____ Financial Obligation

_____ Change Associate Member \$ _____ enclosed

_____ Change Alternate Associate Member \$ _____ enclosed

_____ Name Change of any Collective Member

_____ Change of billing address /phone/email

Member: _____ wishes to make changes to the information on allotment
_____ as above reference above.

The New information is as follows:

He/She can be contacted at _____

Date: _____ Name: _____

Signature _____

OFFICE:

_____ Quickbooks Updated

_____ Roster Updated

_____ Part Time?

_____ Access Updated

_____ Member File Updated

_____ Certificate & Letter Sent

_____ Bulletin Updated

_____ Conf. Room Map Updated

_____ County Notified

_____ Emergency Info. Updated

_____ Full Time?

_____ Financial Obligation Meeting

Received by _____

Dated: _____