



CHANGE OF MEMBERSHIP INFORMATION



Type of change requested (check all that apply)

Change of address Change of District or Chapter affiliation

Change other information

Old information: Chapter: _____ District : _____

Name: _____

Spouse or Companion: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone: Home: _____ Business: _____

Fax: _____ Email: _____

New Information: Chapter: _____ District: _____

Name: _____

Spouse or Companion: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone: Home: _____ Business: _____

Fax: _____ Email: _____

Signed: _____ Date: _____

Distribution: Original to International Treasurer, Copies to District Treasurer