

Membership Change Form



Educate | Engage | Empower

Date _____

Name: _____

(as it should appear on name badge)

Title/Occupation: _____

Company/Affiliation: _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

I would like to change my membership to:

(check one)

Dues Billing Preference:

(check one)

Regular

No Initiation Fee for an existing member

Annually - \$360

Semi-Annually - \$180

Trustee

No Initiation Fee for an existing member

Annually - \$560

Semi-Annually - \$280

Non-Resident/Virtual Annually - \$200

Office Use Only:

Date Badge Ordered _____ Badge Number _____

After filling-out this form, please save it to your computer and email it to the email address below or print it and mail it to the address below.

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