

DIRECTORY INFORMATION FORM

Information change

Member Name: _____

Information to be changed:

Address: _____

Phones: Home _____ **Work** _____
Cell _____

Email: _____

Directory Additions or Removal

Name: _____

Address: _____

Phones: Home _____ **Work** _____
Cell _____

Email: _____

Children's names & birthdates:

For Office Use Only

Directory code: Constituent _____ Employee _____ Other _____

Non-Member _____ Visitor _____ Youth _____

Remove _____

Authorized by: _____ Date: _____

**Please complete and return to Membership Secretary.
Thank you.**