

## Membership Information Change Form

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Date: \_\_\_\_\_

Member #: \_\_\_\_\_

Member Name: \_\_\_\_\_

### MEMBER INFORMATION CHANGE

Name Change

From: \_\_\_\_\_

To: \_\_\_\_\_

Address or Zip/Postal Code Change:

Address: \_\_\_\_\_

City/State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone Number Change:

Business (including area code): \_\_\_\_\_

Home (including area code): \_\_\_\_\_

Fax Number Change: \_\_\_\_\_

E-mail Address Change: \_\_\_\_\_

*Please send to Membership Chair [sibidwellrancho@soroptimist.net](mailto:sibidwellrancho@soroptimist.net)*