

CIRCLE MEMBERSHIP CHANGES FORM

In order to keep our membership records up to date, it is important that this form be completed each time a member has a name change, address change, or status change.

Circle:		
Reporting Person:		
Date:		
Please specify one of the		
☐ Contact Info/Name Ch		
Resigning Member:		
Reason:		
☐ Returning Member		
☐ Moving to Inactive Sta		
☐ Returning to Active Sta		
Name		
Address		
City		
Phone: <u>(</u>)		
Email:		