

Change In Status Form
YOU MUST FILL IN ALL COLUMNS

Reason For Change:

Your NALS Membership # _____

- Preferred Address
- Address Correction
- Name Change
- Transfer Member
- Deceased

OLD INFORMATION: Business Home

NEW INFORMATION: Business Home

Name _____

Name: _____

Address: _____

Address: _____

City/State/Zip _____

City/State/Zip _____

Chapter Association _____

Chapter Association _____

State Association _____

State Association _____

- Primary Chapter
- Member-At-Large
- Associate Member

- Primary Chapter
- Member-At-Large
- Associate Member

Email Address: _____

Email Address: _____

CURRENT PHONE NUMBERS:

Home: _____

Business: _____

Fax: _____

Instructions for Transfer:

If you are transferring to a new association, submit one photocopy to the membership chairman of the chapter to which you are transferring. If you are a member at large, submit one photocopy to the state membership chairman of the association to which you are transferring.

Instructions for Completion:

Return original to:

Jan Manberg, Certified PLS, NALS of Washington Membership Director
1922 SW Snively Ave., Chehalis, WA 98532-4024

Return one photocopy to:

Old and New Chapter Membership Chair

Retain one photocopy for:

Retain for your records