

NAGE/IBPO/IBCO/IAEP Local Officers Change Form

Date of Request: _____
Requested By: _____ **Title:** _____
Local Number: _____ **(Please Include Region)**
Submitted By: _____ **Tel No:** _____

President

Name: _____
Address: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Home Tel #: _____ Work Tel #: _____

Vice President

Name: _____
Address: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Home Tel #: _____ Work Tel #: _____

Secretary

Name: _____
Address: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Home Tel #: _____ Work Tel #: _____

Treasurer

Name: _____
Address: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Home Tel #: _____ Work Tel #: _____

Stewart

Name: _____
Address: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Home Tel #: _____ Work Tel #: _____

(For Membership Dept use ONLY)

Date Changed _____ By _____

Print & Complete Form Then Fax to (617) 376-0469
or
Complete Form On-Line Then E-mail to Membership@nage.org