

IBPO
Per Capita Check
Address/Name Change Request Form

Date of Request: _____

Requested By: _____ Title: _____

Local Number: _____

Submitted By: _____ Tel No: _____

Person Currently Receiving Check:

NAME: _____

Address: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

Local Role: Pres _____ Vice Pres _____ Secty _____ Treas _____ (Check One)

Person to Receive Check:

NAME: _____

Address: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

Local Role: Pres _____ Vice Pres _____ Secty _____ Treas _____ (Check One)

(For Membership Dept use ONLY)

Date Changed _____ By _____

Old _____

New _____

PC _____

Officer _____

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