



## ASSOCIATION OF WOMEN IN THE METAL INDUSTRIES

### Membership Information Change Form

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

#### OLD INFORMATION:

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

\_\_\_\_\_ Company Address Change

\_\_\_\_\_ Home Address Change

\_\_\_\_\_ Promotion (New Title)

\_\_\_\_\_ Chapter Transfer

\_\_\_\_\_ Name Change

Mail to: \_\_\_ Office \_\_\_ Home

(Complete lines with new information, only)

#### NEW INFORMATION:

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Company PO Box: \_\_\_\_\_

Co City, State, Zip: \_\_\_\_\_

Co Phone: \_\_\_\_\_ Co Fax: \_\_\_\_\_

Co E-mail: \_\_\_\_\_

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

Home City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_