

CHANGE OF ASSOCIATION BOARD MEMBERS

ASSOCIATION NAME: _____

MAILING ADDRESS FOR MONTHLY FINANCIAL PACKET & CORRESPONDENCE:

CITY

STATE

ZIP CODE

PLEASE INDICATE IF YOU WISH TO PICK UP MONTHLY PACKETS

CHAIRMAN / PRESIDENT

PHONE: _____

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

VICE CHAIRMAN / PRESIDENT

PHONE: _____

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

SECRETARY

PHONE: _____

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

TREASURER

PHONE: _____

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

SUBMITTED BY _____ TITLE _____ DATE _____