

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 #: _____

Steward

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