

# Member Information Update Form

Date \_\_\_\_\_

Parlor Name: \_\_\_\_\_

Parlor No. \_\_\_\_\_

<b>Address Change</b>	
<b>NAME (LAST, FIRST)</b>	
<b>BIRTHDATE</b>	
<b>OLD ADDRESS (IF APPLICABLE)</b>	
<b>NEW ADDRESS</b>	
<b>Name Change</b>	
<b>OLD NAME (IF APPLICABLE)</b>	
<b>NEW NAME</b>	
<b>Email Change</b>	
<b>OLD EMAIL (IF APPLICABLE)</b>	
<b>NEW EMAIL</b>	
<b>Phone Change</b>	
<b>OLD PHONE (IF APPLICABLE)</b>	
<b>NEW PHONE MARK (C) IF CELL</b>	

Recording Secretary: \_\_\_\_\_ or

Financial Secretary: \_\_\_\_\_