



Change in Status Form

YOU MUST FILL IN ALL COLUMNS

Reason For Change:

Your NALS Membership # _____

- Preferred Address
- Address Correction
- Name Change
- Transfer Member
- Deceased

OLD INFORMATION: Business Home

NEW INFORMATION: Business Home

Name _____
Address _____

Name _____
Address _____

City/State/Zip _____
Chapter Association _____
State Association _____

City/State/Zip _____
Chapter Association _____
State Association _____

- Primary Chapter
- Member-at-Large
- Associate Member

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E-Mail Address: _____

CURRENT PHONE NUMBERS:

Home: (____) _____
Business: (____) _____
Fax: (____) _____

Instructions For Transfer:

If you are transferring to a new association, submit one photocopy to the Membership Chairman of the chapter to which you are transferring and one photocopy to the Membership Chairman of the chapter from which you are transferring. If you are a Member-at-Large, submit one photocopy to the State Membership Chairman of the association to which you are transferring.

Instructions For Completion:

Return Original to: NALS Resource Center, 314 E. Third St., Suite 210, Tulsa, OK 74120
Return one Photocopy to: State Membership Chairman
Return one Photocopy to: Local Membership Chairman