<u>Chesapeake Bay Division</u> <u>International Association for Identification</u>



Change in Member Information

Membership Name:		Membership Number:	
<u>Change in Name</u> : As it is to appear in t	he Membership	Directory	
New Name:			
First		Middle	Last Name
Change in Employer Information:			
New Employer:			
New Work Address:			
City:	State:	Zip:	
New Telephone:	_ Ext.:	Fax:	_
New Work E-mail address:			
Change in Home Address, Phone Numb	er(s), E-mail Ac	Idress:	
New Home Address:			
City:	State:	Zip:	
New Home Telephone:		New Cell Phone:	
New Home E-mail Address:			
Where do you want CBD-IAI material s	sent (delivered b	y U. S. Postal Service): Ho	ome: Work:
Where do you prefer CBD-IAI e-mails l	be sent: Home:	Work:	
Please complete form and do one of the	following:		
E-mail to: cbdiaisec@gm Mail to: CBD-IAI Offic P. O. Box 7740 Henrico, VA 2	ce of the Secreta)	ry-Treasurer	