Chesapeake Bay Division
International Association for Identification

Change in Member Information

Membership Name: _____ **Membership Number:** _____

Change in Name: As it is to appear in the 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 Number(s), E-mail Address:

New Home Address: _____

City: _____ State: _____ Zip: _____

New Home Telephone: _____ New Cell Phone: _____

New Home E-mail Address: _____

Where do you want CBD-IAI material sent (delivered by U. S. Postal Service): Home: ☐ Work: ☐

Where do you prefer CBD-IAI e-mails be sent: Home: ☐ Work: ☐

Please complete form and do one of the following:

E-mail to: cbdiaisec@gmail.com
Mail to: CBD-IAI Office of the Secretary-Treasurer
P. O. Box 71804
Henrico, VA 23255

Revised 04-25-2015