

# ***MEMBER CHANGE OF INFORMATION***

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Fill out and return to the BRN office via fax or email.

## **Current information**

Chapter Name \_\_\_\_\_

Member Name \_\_\_\_\_  
LAST NAME FIRST NAME

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Badge Name \_\_\_\_\_  
(NAME AS APPEARS ON YOUR BADGE A \$6 CHARGE)

Category \_\_\_\_\_  
(I.E., DENTIST, BANKER, INSURANCE)

Notes \_\_\_\_\_

## **New Information**

Chapter Name \_\_\_\_\_

Member Name \_\_\_\_\_  
LAST NAME FIRST NAME

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Badge Name \_\_\_\_\_  
(NAME TO APPEAR ON YOUR BADGE)

Category \_\_\_\_\_  
(I.E., DENTIST, BANKER, INSURANCE)

Notes \_\_\_\_\_

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**Date to Change** \_\_\_\_\_