

CHANGES AND/OR DUES RENEWAL
Not for new memberships

Name _____

Phone Numbers (H) _____ (B) _____ Fax No _____

Address _____

City _____ State _____ Zip _____

Unit _____ OR License _____

____ I wish to change my personal information. Please Mail to the State Secretary.

____ I wish to renew my dues. \$60.00 plus \$10.00 if after August 1st. Please Mail to the State Treasurer.