



American Society of Women Accountants

National Headquarters
8405 Greensboro Drive
Suite 800
McLean, VA 22102
703-506-3265 ♦ FAX 703-506-3266

Member Information
Change Request Form

Chapter Chapter No.

Member No.

Name: Signature: Date:
(Provide name currently on National Headquarters records).

NAME/ADDRESS CHANGE (Check preferred mailing address):

Name Telephone Number
Home Address ()
Business Address ()

STATUS CHANGE

TRANSFER From: Chapter to: Chapter
(Current Chapter & National dues must be paid to the chapter of which the member was affiliated on March 31 of the previous year before the transfer can be processed. Upon processing of transfer, the individual immediately becomes a member of the new chapter.)

INACTIVE (Remove from member list)
(Reason for removal)

MEMBERSHIP CLASSIFICATION CHANGE

FROM TO
(Check appropriate one)
Regular
Affiliate
Associate
Retired

- REASON
Obtained Degree: Major Date
Based on work experience
Based on age and years of membership

THIS SECTION FOR CHAPTER USE ONLY

Date of Chapter Board Action: Signature of Membership Chair (& print name)

Send Original to Headquarters, make a copy for the chapter files.