

Organization Member Record Correction Sheet

Instructions: Please print this form and use it to submit corrections to your membership record. Write the information currently on file in the left column, and the corrected information in the right column.

1. Member Identification

Member ID Number:

Date of Request:

2. Requested Corrections

Information Field	Current Record (Incorrect)	Corrected Record (New)
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>
Department / Committee	<input type="text"/>	<input type="text"/>
Role / Title	<input type="text"/>	<input type="text"/>

3. Authorization and Signatures

By signing below, you certify that the corrections requested above are accurate and authorized.

Member Signature:

Staff/Administrator Signature:

Date Processed: