

# Address Change Form Only

## Current Member Information

Please Print Clearly

Membership Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

## New Address & Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

I \_\_\_\_\_ understand that by making this request that all information will be changed to the corrected information that I have supplied to the LSC Membership Secretary.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ You will be called to verify information.

Mail form to:

Linden Sportsmen Club

P.O. Box 384

Linden, MI 48451

Attn: Membership Secretary