

**NAGE/IAEP/IBPO/IBCO Per Capita Check  
Address/Name Change Request Form**

Date of Request: \_\_\_\_\_

Requested By: \_\_\_\_\_ Title: \_\_\_\_\_

Local Number: \_\_\_\_\_ (Please Include Region)

Submitted By: \_\_\_\_\_ Tel No: \_\_\_\_\_

**Person Currently Receiving Check:**

NAME: \_\_\_\_\_

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

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Role: Pres \_\_\_\_\_ Vice Pres \_\_\_\_\_ Secty \_\_\_\_\_ Treas \_\_\_\_\_ (Check One)

**Person to Receive Check:**

NAME: \_\_\_\_\_

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

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Role: Pres \_\_\_\_\_ Vice Pres \_\_\_\_\_ Secty \_\_\_\_\_ Treas \_\_\_\_\_ (Check One)

**(For Membership Dept use ONLY)**

Date Changed \_\_\_\_\_ By \_\_\_\_\_

Old \_\_\_\_\_

New \_\_\_\_\_

PC \_\_\_\_\_

Officer \_\_\_\_\_

**Print & Complete Form Then Fax to (617) 376-0469  
or  
Complete Form On-Line Then E-mail to [Membership@nage.org](mailto:Membership@nage.org)**