

CORPORATE AFFILIATE CHANGE FORM

Firm Name: _____ Address: _____

Phone: _____ Fax: _____

Type of Change: Primary Contact Member Deletion/Addition Office Address/Phone *(write in new address above)*

Primary Contact Change

Old Primary Contact: _____ (delete this member? Yes/No)

New Primary Contact: _____

Phone: _____ email: _____

Member Deletion/Addition

(Basic Corporate Membership allows up to 5 members for \$500/year; any additional members are \$125 each/year. Premier Corporate Membership allows up to 20 members for \$1000/year)

Delete the following members:

1: _____ 2: _____

3: _____ 4: _____

Add the following members:

1: _____ email: _____ Ph: _____

2: _____ email: _____ Ph: _____

3: _____ email: _____ Ph: _____

4: _____ email: _____ Ph: _____

Payment Information

(Payment required for Basic Corporate Memberships adding more than 5 or advancing to the Premier Corporate Membership)

Attached Check# _____

CC# _____ exp: _____

Total:\$ _____

***ask PCAR staff for amounts as they are prorated quarterly**

Primary Contact Name (Please Print)

Primary Contact Signature (REQUIRED)

Date