

**Alabama Homemakers and Community Leaders  
Information Change form**

Please print & highlight any changes

Date: \_\_\_\_\_

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

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

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

E- Mail Address: \_\_\_\_\_

Send Newsletters to E-Mail Address: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

New Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

District: \_\_\_\_\_

County: \_\_\_\_\_

Club: \_\_\_\_\_

Change of Club Affiliation: TO \_\_\_\_\_ FROM \_\_\_\_\_

Name of Deceased Member: \_\_\_\_\_

Member at Large: Enter name again: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Please send this form to your County Treasurer. The County Treasurer will send to the State Treasurer.