

CHANGE OF NAME/ADDRESS FORM

THE IZAAK WALTON LEAGUE OF AMERICA, INC.
NATIONAL OFFICE
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DATE

DIVISION AND CHAPTER NUMBER

CHAPTER NAME

NAME AND TITLE OF OFFICER

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NEW NAME/ADDRESS

JUST RECORD CHANGED PORTIONS OF NAME OR ADDRESS

NAME

ADDRESS (STREET, APT., P.O. BOX)

CITY, STATE, ZIP

PHONE NUMBERS (HOME/WORK)

FAX, E-MAIL

OLD NAME/ADDRESS

MEMBER ID #: _____

NAME

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