

Member Information Change Form

Please Print (You can also email changes to membership@pseofwa.org)
This form not to be used to enroll new members. Please contact your local field representative.

DATE: _____ NAME: _____

CHAPTER/SCHOOL DISTRICT: _____

NAME CHANGE

Old: _____

New: _____

PHONE & EMAIL CHANGE

Circle One: Home Work Fax

Phone: _____
(Include Area Code)

Email: _____

ADDRESS CHANGE

Street Address: _____

City: _____ State: _____ ZIP: _____

CLASSIFICATION CHANGE

New Job Classification: _____

This form is in compliance with PSE Service & Operations Guide Policy 1017, Member Lists – Sensitivity

The list of names and addresses of chapter and board members is sensitive and therefore restrictions are placed upon the distribution of such lists. It is PSE's policy not to sell or provide its membership list to anyone outside of PSE. (Adopted Feb. 16, 1994)

Union  Made