MEMBERSHIP INFORMATION CHANGE FORM

Return this form to:
CSI Member Services
99 Canal Center Plaza, Suite 300
Alexandria, VA 22314-1588
(800) 689-2900 (703) 684-0300 Fax: (703) 684-8436 E-mail: csi@csinet.org

This is a multi-purpose form to be used to inform the Institute of:
__ Changes in membership classification
__ Chapter transfers or affiliation
__ Address changes

PART 1 -MEMBERSHIP CLASSIFICATION CHANGE

The_____ chapter recommends that the membership classification of _____ be changed to:
(Member's name)

__ Student __ Professional __ Associate __ Member Emeritus
__ Intermediate __ Industry __ Retired

This is to certify that the above mentioned member meets all of the requirements for the desired classification in accordance with the CSI Bylaws, Article X, Section _____. (Refer to Bylaws for description of each classification.)

_____ _____ _____
Signature of Chapter Official Date Member's Signature

PART 2 -CHAPTER AFFILIATION CHANGE

_____ wishes to affiliate with the _____ chapter.
(Member's name) (Chapter's name)

Member has paid chapter dues and they are being: ____ retained by chapter
___ forwarded to the Institute with this form

If member is currently affiliated with a chapter(s), please list chapter(s)
_____ _____ _____

Member wishes to maintain affiliation with current chapter? __ Yes __ No
Member declares _____as home chapter.
(Name of Chapter)

_____ _____ _____
Signature of Chapter Official Date Member's Signature

PART 3 – CHANGE OF MAILING ADDRESS ___ Home ___ Business

Member' Name _____ ID Number _____
Firm Name _____ Home Telephone _____
_____ Firm Telephone _____
Street Address _____ Fax _____
_____ E-Mail Address _____
City _____ Submitted by _____
State _____

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