

## The Association Of Beach And Shag Club D.J.'s

## **Change In Member Contact Information Form**

Please fill in all blanks and put a check mark beside any entry known to have recently changed.

Date:	
Name:	
Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email Address:	
Spouse Or Significant Other's Name (Optional):	
Submit this completed form to the current Memb	ership Chairman in person, or by mail.
The Membership Chairman is the current S and their contact information is named on the	
Date Received By The Membership Chairman:	