Electrical Manufacturers Representatives Association
Of Michigan, Inc.

SEND FORM

Click the button above. An email dialogue box will appear.
Type in a subject line, and click send!

It's THAT EASY!

MEMBERSHIP CHANGE FORM

COMPANY NAME:_____ DATE_____

MEMBER NAME MAKING CHANGE:_____ PHONE #_____

Note: Fill-out (A)additions & (D)deletions only:

MEMBER COMPANY CHANGES:

COMPANY NAME:_____ _____ **A or D**
COMPANY ADDRESS:_____ _____ **A or D**
PHONE #:_____ _____ **A or D**
FAX #:_____ _____ **A or D**
Pager#_____ _____ **A or D**
VOICE MAIL#_____ _____ **A or D**
HOME#_____ _____ **A or D**
E-MAIL_____ _____ **A or D**

INDIVIDUAL MEMBER CHANGES:

MEMBER NAME:_____ _____ **A or D**
ADDRESS:_____ _____ **A or D**
PHONE #:_____ _____ **A or D**
FAX #:_____ _____ **A or D**
Pager#_____ _____ **A or D**
VOICE MAIL#_____ _____ **A or D**
HOME#_____ _____ **A or D**
E-MAIL_____ _____ **A or D**

MEMBER NAME:_____ _____ **A or D**
ADDRESS:_____ _____ **A or D**
PHONE #:_____ _____ **A or D**
FAX #:_____ _____ **A or D**
Pager#_____ _____ **A or D**
VOICE MAIL#_____ _____ **A or D**
HOME#_____ _____ **A or D**
E-MAIL_____ _____ **A or D**

MEMBER NAME:_____ _____ **A or D**
ADDRESS:_____ _____ **A or D**
PHONE #:_____ _____ **A or D**
FAX #:_____ _____ **A or D**
Pager#_____ _____ **A or D**
VOICE MAIL#_____ _____ **A or D**
HOME#_____ _____ **A or D**
E-MAIL_____ _____ **A or D**

MANUFACTURER / PRODUCT CATEGORY CHANGES:

A or D	MANUFACTURER	PRODUCT CATEGORY	A or D	MANUFACTURER	PRODUCT CATEGORY
____	_____	_____	____	_____	_____
____	_____	_____	____	_____	_____
____	_____	_____	____	_____	_____
____	_____	_____	____	_____	_____
____	_____	_____	____	_____	_____