CHANGE IN MEMBERSHIP INFORMATION

BOX 33 BILLINGS, MT 59103
406-259-0006

TODAY'S DATE ____/____/____

RECD BY _____

AMOUNT PD _____

☐ LOST CARD - FEE $10
OLD CARD WILL BE DEACTIVATED

☐ EXTRA CARD - FEE $10
ORIGINAL CARD STAYS ACTIVATED

☐ REPLACED BROKEN CARD - NO FEE
IF ORIGINAL CARD IS TURNED IN

☐ CHANGE IN ADDRESS

ORIGINAL INFORMATION

CARD NUMBER		MEMBERSHIP EXPIRATION DATE			
FIRST NAME & M.I.		LAST NAME			
ADDRESS					
CITY & STATE			ZIPCODE		
HOME PHONE			WORK PHONE		
VEHICLE LICENSE PLATE NUMBER(S)					
MWF MEMBER	YES / NO				

NEW INFORMATION

CARD NUMBER		MEMBERSHIP EXPIRATION DATE			
FIRST NAME & M.I.		LAST NAME			
ADDRESS					
CITY & STATE			ZIPCODE		
HOME PHONE			WORK PHONE		
VEHICLE LICENSE PLATE NUMBER(S)					
MWF MEMBER	YES / NO				

COMMENTS: _____

_____

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