



Business and
Professional
Women/TN

BPW/TN Record Maintenance Form

Please copy this form, as needed, to send to BPW/TN.

Member's Name _____

Local Organization Name: _____

Please Circle the Type of Information to be Changed:

NAME	ADDRESS	PHONE
MEMBERSHIP STATUS	MEMBERSHIP TYPE	OFFICER ASSIGNMENT
LOCAL AFFILIATION	EMAIL ADDRESS	RENEW DATE

Please record the information to be changed:

Please record the information, as it should now be listed/List reason for change, if applicable:

QUESTIONS? CONTACT BPW/TN by E-mail at *info@bpwtn.org*

Name of Member Submitting Form: _____

Daytime Phone: () _____ E-mail: _____

**SEND TO: BPW/TN
Record Maintenance**
2817 West End Ave, Suite 126-122
Nashville, TN 37203

Route to:
Treasurer treasurer@bpwtn.org
Membership Chair membership@bpwtn.org
Regional Director region?@bpwtn.org [?=1,2,3]
Publication Editor (*Address Changes*)