

CSI MEMBERSHIP INFORMATION CHANGE FORM



Please complete **ONLY** the section that pertains to you. This is a multi-purpose form.

Part 1: Membership Classification

The _____ chapter recommends that the membership classification of
Chapter Name

_____ be changed to:
Member's Name

Retired Member Emeritus

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. (Refer to Bylaws for a description of each classification.)

Signature of Chapter President

Date

Member's Signature

Part 2: Chapter Affiliation Change

_____ wishes to affiliate with the _____
Member's Name *Chapter Name*

chapter. Member has paid chapter dues and they are being:

Retained by chapter* Forwarded to CSI with this form

Does the member wish to retain affiliate with their current chapter? Yes No N/A

Member declares _____ as home chapter.
Chapter Name

Signature of Chapter President

Date

Member's Signature

* If retained by chapter, Chapter President must give written notice that dues have been received.

Part 3: Change of Address

I wish to update the address listed for my: Home Business

Street Address: _____

City: _____ State: _____ Zip: _____

Member Name: _____ Member ID#: _____

Company: _____ Title: _____

Home Phone #: _____ Business Phone #: _____

Fax #: _____ Email: _____

Member Signature: _____

Return this form to CSI Member Services:

1. By Email: csi@csinet.org 2. By Fax: 703-236-4600

3. By Mail: 110 South Union Street, Suite 100 Alexandria, VA 22314