

KINDERVELT MEMBERSHIP CHANGE IN STATUS FORM

KV # _____

Date _____

Group Membership Chair _____

This form is to be used to report any **changes, additions or deletions** in your group's membership throughout the year - use only after your membership information has been submitted in October. Please supply the necessary information and return the form along with a check for city dues of \$10.00 for each new member. Mail to the City Membership Chair at:

Tammy Booth
916 Keeneland Drive
Union, KY 41091

First Name _____ Last Name _____

Address _____ City, State & Zip _____

Preferred Phone (____) _____ Email _____

Year Joined _____ Active Member _____ Associate Member _____

Check which applies: New Member _____ Delete Member _____ Information Change _____

First Name _____ Last Name _____

Address _____ City, State & Zip _____

Preferred Phone (____) _____ Email _____

Year Joined _____ Active Member _____ Associate Member _____

Check which applies: New Member _____ Delete Member _____ Information Change _____

First Name _____ Last Name _____

Address _____ City, State & Zip _____

Preferred Phone (____) _____ Email _____

Year Joined _____ Active Member _____ Associate Member _____

Check which applies: New Member _____ Delete Member _____ Information Change _____