

Change of Information

Is your information published in the Membership Roster correct?

Has your company had a merger?

Please fill out the Change of Information form so you do not miss out on any of the LAIP e-mailings or any snail mailings.

Date of Change: _____

Name: _____

Home Address: _____

Employer: _____

Business Address: _____

Home Phone: _____

Business Phone: _____

Fax: _____

E-mail: _____

Birthday: _____

Preferred Mailing Address: Home: _____ Office: _____

If changing name, please indicate former name: _____

Please complete and submit to:

Membership Chairman
Kate Grater, CPCU, CAIP, CPIW
502-339-5934 (w)
kgrater@mfic.com