



# 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 \_\_\_\_\_ be changed to:

Chapter Name

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 IX. (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

Member declares \_\_\_\_\_ as home chapter.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

## 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: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to  
CSI Member Services:**

**Email:** csi@csinet.org

**Fax:** 703-940-8600

**Mail:** P.O. Box 81, Annapolis Junction, MD 20701