

GSAE Member Change Form

Welcome to GSAE! Please fill out this information form and email to gsae@gsae.org to update your company's membership record and contact information.

First Name: _____ Last Name: _____

Middle Initial: _____ Preferred Name: _____ Designation _____

Company: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Website: www. _____

E-mail: _____

LinkedIn: _____

Phone: (____) _____ ext. _____ Toll Free: (____) _____

Other Phone: (____) _____

Date of Birth (MM/DD/YYYY) _____

Home Address: _____

Home Phone: (____) _____ Today's Date: _____

**I am replacing _____ as the GSAE member contact. The contact person named above has left the company*

If other, please explain: _____

***I AM ALSO A MEMBER OF** (check all that apply):

ASAE & The Center PCMA IAEM GaMPI Georgia Center for Nonprofits

GEORGIA SOCIETY OF ASSOCIATION EXECUTIVES

233 Peachtree Street NE, Ste. 751, Atlanta, GA 30303

PHONE: (404) 577-7850 WEB: www.gsae.org

INFORMATION: gsae@gsae.org

- XL
- DB
- DIR
- EMAIL
- C _____