

Information Update Request

2019 AMSA LIFETIME MEMBERSHIP UPDATE FORM

Due to the transition to a NEW Membership Secretary – we are asking all members to update their information so we have correct records. Please fill form in COMPLETELY so we can update our records. - Thank you for your time.

Please print clearly.

AMSA Tag No. _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

❖ ADDRESS CHANGE FROM LAST YEAR: _____ YES _____ NO

ALL FUTURE QUARTERLY NEWSLETTERS WILL BE SENT BY EMAIL AND PLACED ON THE AMSA WEBSITE. www.keepersofthebeach.com

PLEASE PROVIDE A CURRENT EMAIL ADDRESS.

EMAIL ADDRESS: _____

If you do NOT have access to computer or email to get the quarterly newsletter - please check this box.

MAIL TO:

AMSA Membership Secretary

PO Box 106

Berlin, MD 21811

410-430-9480