

Information Update Request

2021 AMSA LIFETIME MEMBERSHIP UPDATE FORM

Do we have your correct information on file?? We are asking all Lifetime 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: _____

**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