

## Unit(s) Change Form

Name	Membership ID #			
The fees to change SLA units are spin a section, you must be a member Please check which box applies to	ber of its parent division	·	pter, and \$12 ea	ch for a Caucus change. <i>To</i>
a recent job change				
relocation				
never selected a chapter If you selected a job change or rela			formation:	
Business Address Organization	Department	Title		Web Page Address
Street and Number				
City, State or Province			Country	Postal or ZIP Code
Business Telephone	Fax			E-mail
Home Address Street and Nui	mber			_
City, State or Province			Country	Postal or ZIP Code
Telephone		E-m	ail	
Please indicate the changes you w	ould like to make to you	ır SLA units selec	tions in the spac	e provided below.
Franchastan/Ta Obantan	1			r.
From Chapter/To Chapter: From Chapter/To Chapter:				\$ \$
From Chapter/To Chapter.	1			Φ
From Division/To Division:	/			\$
From Division/To Division:				\$
·				
From Section/To Section :	1			\$0
From Section/To Section :	/			\$0
From Caucus/To Caucus:				\$
From Caucus/To Caucus:	/			\$
			Total Amo	ount Due \$
Payment Method				
□ Check □ Charge \$ to my: □	MasterCard □ VISA □	AMEX   Diner's 0	Club	
Card Number:				
Exp. Date:				
Cardholder Name:		<del>_</del>		
Card Billing Address:				
If you have questions, please conta	act Vernon Hemphill at -	+1.703.647.4936,	or via e-mail at	vhemphill@sla.org
Mail:		Fax:		
SLA P.O. Box 75338			Accounting Dep	
P I BOV /5338		⊨av numh	1-/U3-6/17	/IMITE

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