

Designee Change Form

Effective Date of Change: _____

Company Name: _____

Member ID#: _____

Business Address: _____

Former DESIGNEE: _____

New DESIGNEE: _____

Title: _____

DESIGNEE Phone #: _____ DESIGNEE Fax #: _____

DESIGNEE E-mail: _____

DESIGNEE Emergency Contact Name/Relationship: _____

DESIGNEE Emergency Contact Phone #: _____

Assistant: _____

Assistant Phone #: _____ Assistant Fax #: _____

Assistant E-mail: _____

Golf Coordinator: _____ (If different from Assistant)

Golf Coordinator Address: _____

Golf Coordinator Phone #: _____ Golf Coordinator Fax #: _____

Golf Coordinator E-mail: _____

Monthly Statement should be mailed to (CEO/Designee): _____

Former DESIGNEE Signature: _____ Date: _____

New DESIGNEE Signature: _____ Date: _____