



MEMBER UPDATE FORM

Please tick the relevant section(s) that you wish to update and insert the necessary information

DATE SUBMITTED: _____

<input type="checkbox"/> Legal Name	
CHANGE FROM:	CHANGE TO:

<input type="checkbox"/> Sobriquet/Performing Name	
CHANGE FROM:	CHANGE TO:

<input type="checkbox"/> Contact Number	
<input type="checkbox"/> Email Address	

<input type="checkbox"/> Mailing Address or <input type="checkbox"/> Residential Address	
CHANGE FROM:	CHANGE TO:

<input type="checkbox"/> Name of Bank/Credit Union/ Unit Trust	
<input type="checkbox"/> Address or Branch	
<input type="checkbox"/> Account Number	
<input type="checkbox"/> Name on Account	
For members with Foreign Accounts <u>ONLY</u>	
<input type="checkbox"/> Routing Number	
<input type="checkbox"/> Swift Code Number	

SIGNATURE: _____

NAME IN BLOCK LETTERS: _____