## **Member Contact Update Form**

Employer Name:				
Key Contact Name:				Title:
Physical Address:				
		Street Address	State	Zip
Mailing Address:				
		PO Box	State	Zip
Phone Number:		Fax:	Alternate Phone:	
Email Address:				
Please complete the	following information:			
Position Title	Contact Name	Contact Information (M	failing Address/Phone Numbers/Er	nail Address)
Assistant Clerk				
Chairman				
Clerk				
Manager				
Fire Chief				
General Manager				
HR Director				
Insurance Contact		<del></del> -		
Police Chief				
Safety Coordinator				
Sheriff				
Please include the names of additional contacts you wish to receive LGRMS Publications:				
Position Title	Contact Name	Contact Information (N	Nailing Address/Phone Numbers/En	mail Address)
Notes: (For LGRMS office use only)				