

Member Contact Update Form

Employer Name: _____

Contact Name: _____

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 Email Address
Ex. Risk Manager	_____	_____
Chairman	_____	_____
Clerk	_____	_____
Manager	_____	_____
Fire Chief	_____	_____
General Manager	_____	_____
HR Director	_____	_____
Insurance Contact	_____	_____
Police Chief	_____	_____
Safety Coordinator	_____	_____
Sheriff	_____	_____

Please include the names of additional contacts you wish to receive LGRMS Publications:

Position Title	Contact Name	Contact Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes: (For LGRMS office use only)

Please remit the Member Contact Update Form to : Tamara Chapman at tchapman@lgrms.com