



MEMBERSHIP CHANGES FORM

4400 College Blvd, Suite 220 | Overland Park, KS 66211 | (P) (913) 222-8663 | (F) (913) 222-8606
 acua-info@kellencompany.com

INSTITUTIONAL REPRESENTATIVE INFORMATION/CHANGE (please check one) <input type="checkbox"/> New Representative <input type="checkbox"/> Address Update	
Institutional Rep Name:	
Company/University & Department	
Address 1:	
City, State, Zip:	
Telephone:	
Email Address:	
If adding a new Representative, list name of former Institutional Representative. <input type="checkbox"/> Check here to permanent delete.	
MEMBER #1 MEMBERSHIP CHANGE (please check one) <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update	
Member Name:	
Company/University & Department	
Email:	
Telephone:	
Does the address above differ from the institutions address? If so, please provide in the box to the right.	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEMBER #2 MEMBERSHIP CHANGE (please check one) <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update	
Member Name:	
Company/University & Department	
Email:	
Telephone:	
Does the address above differ from the institutions address? If so, please provide in the box to the right.	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEMBER #3 MEMBERSHIP CHANGE (please check one) <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update	
Member Name:	
Company/University & Department	
Email:	
Telephone:	
Does the address above differ from the institutions address? If so, please provide in the box to the right.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Institutional Representative Sign & Date Below:

_____ (Signature)

_____ (Date)