



# MEMBERSHIP CHANGES FORM

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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)