

EXISTING MEMBER

UPDATE FORM

Southern California Association of Fingerprint Officers

This form should be completed for purposes related to updating personal, work, or membership information only.

PERSONAL INFORMATION

Member Name: _____
Last First M.I.

Telephone: () - _____ Email: _____ Preferred
Cell Personal (check one): # @

Address: _____
Street Apt. # City State ZIP

WORK INFORMATION

Agency Name: _____

Address: _____
Street City State ZIP

Telephone: () - _____ () - _____ Email: _____ Preferred
Work Cell Office / Desk # Work (check one): # @

Position Held: _____ Time in Position: _____

Supervisor Name: _____ Contact #: () - _____
Phone

MEMBERSHIP HISTORY

I am currently a (check one): MEMBER LIFETIME MEMBER/ PAST PRES. ASSOC. MEMBER HONORARY SUBSCRIBER

How long have you been a SCAFO member? _____

Have you previously served on the Board? (check one) YES NO

PAST POSITIONS HELD (check all that apply)

President 1st Vice President 2nd Vice President Secretary Treasurer Sr. Director
 Jr. Director Sergeant-at-Arms Historian Editor

► Signature: _____ DATE: ____ / ____ / ____ ◀

FOR ADMIN USE ONLY

FORM RECEIVED BY: _____ DATE: ____ / ____ / ____ POSITION: _____

MEMBER NUMBER: PAID? Y N PAID BY: (CASH / CHECK / PAYPAL) DATE: ____ / ____ / ____

ADMIN NOTES: