

OAMR Membership Change of Information

Instructions: Just click the "Submit" button in the top left corner to send your updated information to the Membership Committee Chair, Internet Committee Chair and Newsletter Chair.

Old Information:

Name*: _____

Title: _____

Jurisdiction*: _____

Address: _____

Phone: _____

FAX: _____

E-Mail: _____

Website URL: _____

New Information

Name*: _____

Title: _____

Jurisdiction*: _____

Address: _____

Phone: _____

FAX: _____

E-Mail: _____

Website URL: _____