Record Change Form (Address, Name, Camp Transfer, Late Dues, Legacy, Deceased)

This record change is	for: DUP Member Associate Date:
Complete this section for all requests except for deceased individual. (See below.)	
Name:	Membership #:
Current Address:	
City:	State: Zip Code:
	5 digits 4-digit extensionCell Phone: ()
Email:	
	st and complete additional information below:
	Does this require a camp change? 🛛 Yes 🗌 No
	Ctoto, Zin Codo,
Name Change	State: Zip Code:
	New Company:
	Old Company:
Old Address:	
	State: Zip Code:
Late Dues	
	(International DUP dues are \$20.00.)
Notate Camp Name fo	r Associates:
Legacy Newsletter C	Option Yes to receiving by mail No to receiving by mail but can be printed at isdup.org
Deceased Member/	Associate (Death will be included in the Legacy Daughter's Memorial List)
	Membership #:
	State: Birth Date:
Camp	Company:
Person Submitting T	his Form (Complete for all requests)
Name of Person Submittin	g this Form:
Home Phone: ()	Cell Phone: ()
Email:	
Complete this form and	send to: ISDUP Membership Department 300 N Main St
	Salt Lake City, UT 84103-1699
	May be scanned and emailed to: <u>membership@ISDUP.org</u>

Please notify company of all changes.