



Affiliate Partner Change Form

****Please complete the needed portions and return.****

COMPANY NAME: _____

****If the name of the company is changing, please reach out to Membership as more details will be needed.****

NEW OR UPDATED ADDRESS

Address: _____ City: _____ ST: _____ Zip: _____

Office Phone: _____ Cell: _____

Website: _____

NEW OR UPDATED CONTACT INFORMATION

NEW CONTACT NAME: _____

Cell Phone: _____ Email: _____

ADDITIONAL CONTACT NAME: _____

Cell Phone: _____ Email: _____

ACCOUNTING CONTACT NAME: _____

Cell Phone: _____ Email: _____

By signing below, you acknowledge the above information is correct:

➡ **Authorized Signature:** _____ **Title:** _____ **Date:** _____

Printed Name: _____ **Email:** _____

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