NFPA/Committee Member Update Form

(for change of address or resignation)

NOTE: If employment changes, committee members must reapply.

Committee Name _____

Name of Member _____

Employer _____

Address _____

City _____ **State/Province** _____ **Zip/Postal Code** _____

Organization Represented _____

Telephone _____ **Fax** _____ **E-Mail** _____

NFPA Membership Number _____

Please indicate:

Principal ☐ **Alternate** ☐ **Nonvoting** ☐ **Resigned** ☐ **Retired** ☐ **Deceased** ☐

Address Change *(indicate above)* ☐ **Other** ☐

Explanation *(for "Other")* _____

Signature _____ **Date** _____

NFPA Fax (617) 770-3500

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