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**_____**Zip**_____
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")* _____

_____
_____
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_____
_____

Signature_____**Date** _____

NFPA Fax (617) 770-3500

Mail to: Secretary, Standards Council · National Fire Protection Association
1 Batterymarch Park · PO Box 9101 · Quincy, MA 02269-9101