



## NAGAP Institutional Membership Name Change Form

Please provide complete contact information below, which is used by NAGAP to contact you as a member and may also appear in the online directory.

### Name of Member Currently on Membership Record (and who is no longer with the Institution):

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Country: \_\_\_\_\_

Please provide method of payment for the current Institutional Member listed above.

\_\_\_ Credit Card \_\_\_\_\_ Cardholder's name \_\_\_\_\_  
 \_\_\_ Check (Institution or University) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Name of New Member for the Institution Membership Record:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Credential (i.e., PhD, MS, BS): \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

Gender:  Male  Female  Transgender

Ethnicity:  Yes, I am Hispanic/Latino  No, I am not Hispanic/Latino

Race:  American Indian or Alaskan Native  Asian  Black/African American  
 Native Hawaiian or Pacific Islander  White

Once you receive your new login information, please log on to update the remaining demographic information such as years of experience, areas of expertise, etc.