

# Member Information Update

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Region: \_\_\_\_\_  
Phone (wk.): \_\_\_\_\_ Phone (hm.): \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
The best time to reach me is: \_\_\_\_\_

Please make the following change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete this form and send to:  
MMHCA, P.O. Box 80036, Rochester, MI 48308

OR

E-mail this information to:  
info@mmhca.org