



Member Record Correction Form

Full Name (First, Middle, Last Name) _____

Member ID

Primary Company _____

Firm/Agency Name (if applicable) _____

Business Information

Address 1 _____

Address 2 _____

City, State, Zip _____

Business Phone _____

Cell Phone _____

Business Fax _____

Business E-Mail _____

Is this your primary e-mail? Yes No

Home Information

Address 1 _____

Address 2 _____

City, State, Zip _____

Business Phone _____

Cell Phone _____

Home Fax _____

Home E-Mail _____

Is this your primary e-mail? Yes No

PLEASE SEND COMPLETED FORM TO:

NAIFA-NYS
17 Elk Street, Suite 3
Albany, New York 12207

or

E-Mail: info@naifanys.org
Fax: 518-977-3370

Questions?

Call us at 518-915-1661.