

ACTUARIES' CLUB OF THE SOUTHWEST
Member Update Form

Name: _____

Please make any changes in your member information by entering the changes in the appropriate lines below.
You may leave blank any lines for which your membership information has not changed.

Last Name: _____

First Name: _____

Job Title: _____

Employer: _____

Employer Address: _____

Email Address: _____

Comments: _____

Please return your updated form to:

Doug Weatherwax
28230 Green Forest Bluff
Katy, TX 77494
doug.weatherwax@aglife.com
713-831-5169