

Request for Change/Transfer of Information

Person Requesting a Change: _____ Date: _____

Reason for Request:

- Transfer of membership within a company (\$50 fee)
- Change your company/employer (no cost)
- Change your chapter affiliation (no cost)

Current Member Information

NEW Member Information

Name or Member ID:		
Chapter:		
Name:		
Title:		
Company:		
Address:		
Address 2:		
City:		
State/Prov.:		
Zip Code:		
Country:		
Phone:		
Email:		
Website:		

Membership Type (choose one):

- Corporate Primary
- Corporate Additional
- Individual
- Non-Profit

Payment Type (choose one):

- Credit Card (online)
- Check (mail)
- ACH/Wire

Signature: _____

Please return completed transfer form to ILEA Headquarters at info@ileahub.com. An invoice for the transfer fee and any applicable membership dues will be generated and made available for payment within the *new member's profile on ILEAhub.com*. ILEA HQ is PCI compliant and cannot process credit card payments over the phone, email, or mail.