



**Las Vegas Police Protective Association,
Civilian Employees, Inc.
1640 Alta Drive, Suite 11
Las Vegas, NV 89106
(702) 382-9121**

MEMBERSHIP CHANGE FORM

If effecting a name change only, please complete the following: PLEASE PRINT

Last Name _____ First Name _____ Middle Initial _____

NEW – Last Name _____ First Name _____ Middle Initial _____

If effecting an address change, please complete the following: PLEASE PRINT

NEW – Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell/Other _____

Personal Email _____ P# _____

Signature _____ **Date** _____

- Please complete this form for all name changes, address changes, phone number changes and personal Email changes.
- Please return completed documents to the LVPPACE Association Office.

Received By _____

Date _____