

Change of Information Form



Check Box if information has changed

Check Box if no change

As your name will appear on your certificate and other publications-if different, please update with the Executive Director

INFORMATION	CURRENT INFORMATION	PUBLISH in REGISTR Y	PUBLISH in WEB	CHANGES/UPDATE
First Middle Last Name How printed on certificate		YES	YES	
ID #		YES	YES	XXXXXXXX
Current Picture		YES		If we do not have a digital picture, please email one
Firm / Business Name		YES		
Address 1		YES		
Address 2		YES		
City, State, Zip or Province, Country, Zip		YES		
Business Telephone		YES		
Business Fax				
Internet Address				
E-Mail Address				
Home Office State/ Province				
2nd Office Location State/Province				
3rd Office Location State/Province				
BELOW NOT PUBLISHED	BELOW WILL NOT BE PUBLISHED			BELOW WILL NOT BE PUBLISHED – please update
Home Address		NO	NO	
Home City, State, ZIP		NO	NO	
Home Telephone		NO	NO	
Spouse Name		NO	NO	
ASO Member ID		NO	NO	
Last Recertify		NO	NO	XXXXXXXX
Last Register		NO	NO	XXXXXXXX
Next Recertify		NO	NO	XXXXXXXX
Next Register		NO	NO	XXXXXXXX