

Request to Change Greater Milwaukee Chapter Membership Directory

If your directory information changes, please complete this form and return to:

Mark H. Ewert, CPCU, CIC
Partners Mutual Insurance Co
PO BOX 2003
Milwaukee WI 53201-2003

Name _____
Preferred Mailing Address (Circle one): Home Business
Company _____
Name _____
Street: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone Number: _____ Fax Number: _____
Job Title _____ Year of Designation: _____
E-Mail Address: _____

*****You must also notify the CPCU Society of any changes (see below)*****

Request to Change CPCU Society (National) Mailing Membership Information

Please complete the form below and return to:
CPCU Society - Member Services Center
PO Box 3009
Malvern, PA 19355-0709
Or call 1-800-932-2728

Name _____
Company _____
Preferred Mailing Address (Circle One): Home Business
Street: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone Number: _____ Fax Number: _____
Job Title _____
E-Mail Address: _____