

**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:**

Roger Mowrey  
Actuaries' Club of the Southwest  
c/o CSC  
8616 Freeport Parkway  
3rd Floor - 3A213  
Irving, TX 75063