



REGISTRY MEMBERSHIP UPDATE FORM

REGISTRY MEMBER INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Registry ID Number: _____

Email Address: _____

UPDATE INFORMATION

I, TAPP Registry Member listed above, hereby request the TAPP Registry to update and/or make changes to my Registry membership as indicated below:

- Please consider the attached documentation for inclusion on my TAPP Training Transcript, and/or review my TAPP Map level as necessary.
Please note: Documentation submitted must be originals, no copies will be accepted. Check here if you would like your documentation returned to you. If you would like for your
 - documentation to be returned to you, a self-addressed stamped envelope must be enclosed, as well. The Registry Office will return the documents to you within 30 business days upon receipt.*

- Please mail me a new membership card to the address listed above.
- Please update my information (including name) to reflect the above.
- Please **deactivate** my membership in the Traveling Arkansas' Professional Pathways Practitioner Registry.
- Please **deactivate** my membership in the Traveling Arkansas' Professional Pathways Trainer Registry.
- Other _____

Registry Member's Signature

Date