



Healthcare is in your hands

American Medical Massage Association

CHANGE OF ADDRESS/NAME FORM

Member Name: _____ Member #: _____

If you recently had a name change, please give us your new last name:

Please submit a proof of the name change to the AMMA Office. Please attach a copy of the legal court record such as a marriage license, divorce decree or a court-approved name change document, supporting the name change. If you wish to have a new certificate, please follow the directions of the Replacement of Certificates along with the proof of the name change.

Old Address:

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

New Address:

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email address:
