



LAS VEGAS POLICE PROTECTIVE ASSOCIATION CIVILIAN EMPLOYEES, INC.

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MEMBERSHIP CHANGE FORM

If effecting a name change only, please complete the following: PLEASE PRINT

Last Name _____ First Name _____ Middle Initial _____

NEW – Last Name _____ First Name _____ Middle Initial _____

If effecting an address change, please complete the following: PLEASE PRINT

NEW Address _____

City _____ State _____ Zip Code _____

Home Phone# _____ Cell/Other _____

Personal Email _____ P# _____

Signature _____ Date _____

- Please complete this form for all name changes, address changes, phone number changes, & personal email changes.
- Please return completed document to the LVPPACE Association Office.

Received By _____

Date _____

Serving the Community Since 1973

