



560 McClure Street, Galesburg, IL 61401 • 1.800.562.0955 • www.naeir.org

TEACHER'S PROGRAM SCHOOL CHANGE FORM

Date _____

Member # _____

Name _____ Position: _____

Phone # _____ Alt #: _____

Email Address _____

Old School Name _____

Old School Address _____

City: _____ State: _____ Zip: _____

New School Name _____

New School Address _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Old Home Address _____

(if shipping to home)

City: _____ State: _____ Zip: _____

*New Home Address _____

(if shipping to home)

City: _____ State: _____ Zip: _____

***Due to a recent update members may choose a shipping address during the checkout process. If you would like your home address added as a shipping option please provide that information above.**

Reason Change: _____

As a representative of the above organization, I acknowledge that I am aware as to how the products received from NAEIR are to be used, as stated in the guidelines below:

All merchandise received from NAEIR may not be sold, bartered or exchanged (whether at flea markets, garage sales, thrift shops, auctions, raffles or in any other context whatsoever). Merchandise may not be taken by volunteers, officers, clergy or employees for personal use. It must be used solely for the care of the ill, needy or minors, pursuant to the member's charitable purposes, as stated in the Internal Revenue Service IRC Code 170 (e)(3).

Member Signature _____

Completed by NAEIR _____ Date: _____