

**INSTITUTIONAL CHANGE FORM
(please print clearly)**

**Former Institution:**

**New Institution:**

**Effective date:**

**Name:**

**Title:**  **Unit:**

**Address**

**City:** **State:** **Zip:**

**Country**:

**Phone:** **Fax:**

**Email:**

**Other information you feel we should have:**

*Please remember, your Institution is the ICFAD Member and membership does not transfer with you. If your new Institution is already a member, your information will automatically be updated to that membership. If your new Institution is not a member, membership information will be sent to you for consideration.*

**Please return this form to:**

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West Palm Beach, FL 33402
alison@icfad.org

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Fax: (561) 659-1824