

Membership Change Request

		•	eed to be witnessed by a Blackfoot erify unless signed in your presence
and ID is presented. State of	County of	:	
This record was ackin	owiedged before me on	Date	by Print name of signer(s)
	·		N
Notary Signature			Notary seal/stamp
Blackfoot employe			
Printed name:	Sig	nature:	
Momborship num	hor(s):		
wembership num	ber(s):		
Please add	as	a Member t	to my account as authorized to make
			ip(s). I understand that by making this
-			previously accrued and future Capital
			reviously accraca and ratare capital
credits will be joint w	ith said party, per my reques	si ioday.	
Signature of current	<mark>t member</mark> :		<mark>Date</mark> :
l (New Member)			understand that I am joining the
l <i>(New Member)</i> above membership a	and that I am jointly & legal	ly responsibl	understand that I am joining the e for any and all charges incurred on
l <i>(New Member)</i> above membership a above account(s) fror	and that I am jointly & legal m this day forward. I also unc	ly responsibl derstand that	understand that I am joining the e for any and all charges incurred on any and all requested information will
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