



DATE:

TO: Maria Monreal-Cameron, President & CEO

RE: HCCW Membership Changes / Additions

I, _____ am the primary representative of
_____ listed in the HCCW membership.

I hereby designate _____ as my alternate
representative.

Primary Representative Signature

Date

Alternate Information: (Please Complete)

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

Return completed form by:

Email: eagosto@wi.rr.com

Mail: 1021 W. National Avenue – Milwaukee, WI 53204

FAX: 414-643-6994