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*plus*



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## DESIGNATED BUSINESS PARTNER CHANGE FORM

Please fill in the information below and submit it to the Board Office. You can e-mail this form to: [lbundy@wpbor.com](mailto:lbundy@wpbor.com) OR [melissa@wpbor.com](mailto:melissa@wpbor.com)

Name of Current Member: \_\_\_\_\_

Name of New Member: \_\_\_\_\_

Current Firm Name: \_\_\_\_\_

New Firm Name (If applicable): \_\_\_\_\_

Firm Address: \_\_\_\_\_

Firm Phone: \_\_\_\_\_

Contact Number of New Member: \_\_\_\_\_

E-mail Address of New Member: \_\_\_\_\_

Supra Key:  Yes  No

If you are purchasing a Supra Key, we will need a copy of your Driver License (Please attach a copy).

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Signature of Current Designated Business Partner

Date