



Department and Island Information Change Form

Department/Island Name _____ Date _____

Contact Name _____

Contract Address _____

City/State/Zip Code _____

Contact Email address _____

Contact Telephone Number _____

List all changes that need to be made to the Department or Island Information

E.G. Officer and address changes, date and time of meetings etc.

Submit completed form to: C. Coffin, Natl. Secretary at nsvasec@gmail.com