



Contact Information Correction Form

Name		Courtesy Title <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> None
Academic Degree	Professional Designation/Certification	
Title	Organizational Contact <input type="checkbox"/> Primary <input type="checkbox"/> Alternate	
Company		
Address1		
Address 2		
City, State, Zipcode		
Organization Phone Number	Organization Fax Number	
Individual Phone Number	Individual Fax Number	
Email	Website	

Please send, email, mail, on-line or fax corrected information to:

LAMA
15490 101st Ave N #100
Maple Grove, MN 55369

Fax: 763.235.6461

Email: kschlieff@associationsolutionsinc.com

Phone: 763.235.6483

Website: www.lama-online.org

To submit this form via our [Secure Data Upload website](#) Log in with user name **lama** and password **lam321** (password is case sensitive) Skip directly to Step 3! Click the Browse button to locate your completed registration on your computer, then click the Upload button to submit your completed form.