



# Member Company / Individual Contact Update Form

Legal Company Name: \_\_\_\_\_

Main Phone # \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Printing Location?: Yes OR No

Address Line 2: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

PAGE Member ID #: \_\_\_\_\_

### Primary Contacts:

#### *Area of Responsibility:*

Publisher / Owner / President / General Manager

Name and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

CFO / Controller / Finance

Name and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Production / Operations

Name and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Other Contacts

Name and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

**\*\*Use additional sheets if necessary\*\***