

**La BOUTIQUE des HUIT CHAPEAUX et QUARANTE FEMMES
PARTNERSHIP DATA FORM**

(Please Print)

Date _____

Salon Number _____ / ID # _____ Departemental _____
(required for all changes)

DROP _____ DECEASED _____ Date _____

NAME _____

ADDRESS _____

CITY _____

CORRECTIONS

NAME _____

FORMER ADDRESS _____

FORMER CITY _____ STATE _____ ZIP _____

NAME _____

NEW ADDRESS _____

NEW CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____

CONTINUOUS YEARS PARTNERSHIP _____ for _____ Paid Year

SALON TRANSFER

Previous Salon No. _____ Departemental _____

New Salon No. _____ Departemental _____

Signature Salon La Secretaire

Signature of Partner