



For Nonprofits, by Nonprofits.

Contact Change / Member Representative Form

Per the NPIP Membership Agreement, Section 3.7.1 (see below), each member is required to designate a representative to the program. Please provide the information requested at the bottom of the page.

It is important that we have your current representative contact information on file to guarantee you are receiving: notices required by the state rules, information from the Board of Directors, and communications for information that may be valuable to your organization. Additionally, election information regarding the Board of Directors election will be sent to the designated representative given below.

Please return this form to: Non Profit Insurance Program, *ATTN: Sarah McDonnell* at 451 Diamond Drive, Ephrata, WA 98823 **or** email: smcdonnell@chooseclear.com. If you have any questions, please contact Sarah McDonnell at 509-754-2027 x315.

PLEASE COMPLETE ALL FIELDS

*3.7.1 Each Member shall appoint one representative who shall be authorized to exercise **the Member's voting rights in NPIP, if any, and to act on behalf of the Member with respect to all matters pertaining to NPIP. Only directors, officers and employees of a Member shall be eligible** to be appointed as a representative of a Member. The name of the person appointed as a Member's representative shall be submitted to NPIP directly or via the Member's agent/broker via mail, email, or application. A change in a Member's appointed representative shall not become effective until NPIP has received notice of such change. The alternate Member representative indicated on the renewal application will be used, if necessary, serve and act in the absence of the Member's representative*

Non Profit Organization's name: _____

Voting Representative's name: _____
 Mr. Ms.

Voting Representative's title: _____

Voting Representative's e-mail: _____

Voting Representative's phone: _____

Printed Name

Signed Name

Date Signed