

Authorization for Release of Information NKBA Northern California Chapter

NKBA Member Information:

Name:
Company:
Address:
City, State, ZIP:

Phone:
Fax:
Email:
Website:

Authorization:

Please select one of the 3 choices below and date, sign and mail/fax/email back to Valerie Lasker.

I want to Opt-in. I authorize NKBA Northern California to publish my full contact information, as listed above, both by member name and, if applicable, by company name, in the Chapter Membership Directory.

I want to Opt-in. I authorize NKBA Northern California to publish my full contact information, as listed above, both by member name and, if applicable, by company name, in the Chapter Membership Directory except for the individual fields checked below:

Address
 Phone
 Fax
 E-mail
 Web site

Note: If your contact information is incorrect, cross it out and make corrections on the right for the Chapter Directory. You must contact NKBA at (800) THE-NKBA or www.nkba.org to permanently update your information.

I want to Opt-out. I do not want to be included in the Chapter Membership Directory. I do not authorize release of my information.

Date: _____

Signature: _____

Mail to: Valerie Lasker, 2541 Filbert St., San Francisco, CA 94123
Or Fax to: Valerie Lasker, Altos Design, Inc., 415-614-0121
Or Print, Sign, Scan-in and email to: valerie@altosdesign.com