



## Member Information Update 2016-17

Please indicate any information that needs updating, **circle changes** and **return this form to your building Assoc. Rep.** Thank you!!

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Building Assignment: \_\_\_\_\_ Grade/Specialty/Subject: \_\_\_\_\_

Full-time:  Half-time:  Quarter-time:  Other:  \_\_\_\_\_

**\*\*Employees** – please remember to notify the Olathe District Employee Services whenever you have any contact information changes. This form will be used by ONEA to ensure the accuracy of our records and payroll deductions. **ARs – Please return all forms to Kathy Meyer at the IRC through district mail or scan copies to her email: [kmeyerirc@olatheschools.org](mailto:kmeyerirc@olatheschools.org)**



## Member Information Update 2016-17

Please indicate any information that needs updating, **circle changes** and **return this form to your building Assoc. Rep.** Thank you!!

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Building Assignment: \_\_\_\_\_ Grade/Specialty/Subject: \_\_\_\_\_

Full-time:  Half-time:  Quarter-time:  Other:  \_\_\_\_\_

**\*\*Employees** – please remember to notify the Olathe District Employee Services whenever you have any contact information changes. This form will be used by ONEA to ensure the accuracy of our records and payroll deductions. **ARs – Please return all forms to Kathy Meyer at the IRC through district mail or scan copies to her email: [kmeyerirc@olatheschools.org](mailto:kmeyerirc@olatheschools.org)**