



Change in Information Form

There has been a change in my organization's information since we became member of Peak Reliability (PEAK) or we would like to change our current representative.

Entity Organization Name: _____

Primary Member Representative Name: _____

Phone: _____

Email: _____

Alternate Member Representative Name (Optional): _____

Phone: _____

Email: _____

Alternate Member Representative Name (Optional): _____

Phone: _____

Email: _____

Notes: _____

On completion, please send the completed form using ONE of the following methods:

1. Email a scanned copy to membership@peakrc.com
2. Mail a copy to our mailing address below labeled "ATTN: Membership Administrator"
7600 NE 41st Street. Suite 201, Vancouver, WA 98662