



MEMBER CONTACT INFORMATION UPDATE FORM

DATE: _____

BCRC ID #: _____

FIRST & LAST NAME: _____

DRIVER'S LICENSE NUMBER: _____ - _____ - _____ STATE ISSUED: _____

TRADE/CRAFT: _____ LOCAL UNION #: _____

OLD ADDRESS: _____ APT# _____

CITY

STATE

ZIP

NEW ADDRESS: _____ APT# _____

CITY

STATE

ZIP

MOBILE #1: (_____) _____ - _____

MOBILE #2: (_____) _____ - _____

PLEASE NOTE BOTH MOBILE NUMBERS #1 & #2 WILL RECEIVE RANDOM TEXT MESSAGE NOTIFICATIONS

EMAIL ADDRESS: _____

PLEASE RETURN YOUR COMPLETED UPDATE INFORMATION FORM BY:

MAIL: BCRC, Inc.

6050 Southport Road, Suite B. Portage, Indiana 46368

EMAIL: info@bcrnet.com

FAX: (219) 764-9505

Questions or Concerns, please contact the BCRC Office
Monday – Friday 7:00am – 4:30pm at (219) 764-9500, or by email info@bcrnet.com.

****THIS FORM IS CONFIDENTIAL AND MUST BE HELD IN A SECURED LOCATION AT ALL TIMES****