



AFFILIATE REPRESENTATIVE UPDATE FORM

Date: _____

Company Name: _____

OLD REPRESENTATIVE (S)
Representative Name (s):

NEW REPRESENTATIVE (S)		
Representative Name (s)	E-Mail Address:	Contact Numbers:

Please notify our office of any changes in the future.

Phone number: (661) 822-7652; Fax: (661) 822-3459

Email form to: taar@tehachapiaor.com or cindy@tehachapiaor.com