

The form below is for change of member information. Please provide updated photos or logos if applicable. Thank you for your cooperation!



Change of Member Info

First Name:

Last Name:

Company Name:

Work Phone:

Email Address:

Mailing Address:

City:

State/Province:

Postal Code:

Your web site (if applicable):

Previous Information:

Correct Information *Please include if you are accepting SNAP/HIP* and social media accounts:

Questions?

Phone: 508-375-6695

Email: tara.racine@capecod.gov

Thank you for your support!

Please add any additional comments and suggestions here: