



NAME CHANGE APPLICATION

To change your name with American Medical Technologists, we request that you send:

- **A photo of a legal document that bears the current name: marriage certificate, divorce, driver's license, passport, etc.**
- The inclusion of your AMT ID#, found on the front of your AMT membership card
- The name you are changing from, the one that is currently on our account.

First, M.I. and Last Name you are changing **FROM**

First, M.I. and Last Name you are changing **TO**

Street Address City/State Zip Code

E-mail Address

Phone # (home) _____ Phone # (cell) _____

AMT ID# _____

I certify that the information provided herein is true and correct to the best of my knowledge and I have **also enclosed any required documentation** of my circumstances.

Signature of applicant: X. _____ Date: _____

Please fax the form and documentation to 847-789-8582 or email to namechange@americanmedtech.org and allow 4-5 business days for the change to be processed.