



**La BOUTIQUE des HUIT CHAPEAUX et QUARANTE FEMMES**  
**PARTNERSHIP DATA FORM**

(Please Print)

Date \_\_\_\_\_

Salon Number \_\_\_\_\_ / ID # \_\_\_\_\_ Departemental \_\_\_\_\_  
(required for all changes)

DROP \_\_\_\_\_ DECEASED \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

**CORRECTIONS**

NAME \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_

FORMER CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

NEW CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

CONTINUOUS YEARS PARTNERSHIP \_\_\_\_\_ for \_\_\_\_\_ Paid Year

**SALON TRANSFER**

Previous Salon No. \_\_\_\_\_ Departemental \_\_\_\_\_

New Salon No. \_\_\_\_\_ Departemental \_\_\_\_\_

\_\_\_\_\_  
Signature Salon La Secretaire

\_\_\_\_\_  
Signature of Partner