Contact Update Form

STATE HISTORICAL SOCIETY OF NORTH DAKOTA

*Official contact information **will be** published in printed and online directories:*

Name of Organization: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address if different from above: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

E-Mail: _____

Website: _____

Primary Staff Contact Person (if applicable):_____

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*Additional contact information will **not** be published in any directories unless it is the only primary contact information available:*

President (if a non-profit organization) or Owner (if privately run):

Name:_____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

HISTORY FOR *everyone.*