



Business Resource Alliance Group Request for Change of Classification / Group

Member's Name: _____ Date: _____

Company Name: _____

Type of change requested:

Company Name Change Company Member Product Service Change Group*

*From group: _____ To group: _____

Details of Change: _____

Reason for Request: _____

I am submitting this application for a change in my classification or change of group. I understand that this request is subject to approval. I understand that I may not promote any product or service outside my original classification unless the group leadership approves the application.

Member's Signature

Date

Approved

Denied

Leadership Signature

Date

Prepare in duplicate or make a copy of this form. One copy stays with group leadership.
The second goes to the SHRCCI BRAG Director.