



Appendix C – ADMINISTRATOR CHANGE FORM

The _____ MRC requests that the named local administrators for MA Responds be changed as designated below.

Effective date: _____

Previously Named Local Administrators:

Administrator #1

Name:
Phone (Home):
Phone (Cell):
Phone (Work):
Email Address:

Administrator #2

Name:
Phone (Home):
Phone (Cell):
Phone (Work):
Email Address:

Administrator #3

Name:
Phone (Home):
Phone (Cell):
Phone (Work):
Email Address:

Current Local Administrators:

Administrator #1

Name:
Phone (Home):
Phone (Cell):
Phone (Work):
Email Address:

Administrator #2

Name:
Phone (Home):
Phone (Cell):
Phone (Work):
Email Address:

Administrator #3

Name:
Phone (Home):
Phone (Cell):
Phone (Work):
Email Address:

***Please return this form to:
Liza Martin
Volunteer Program Coordinator
Massachusetts Medical Society
lmartin@mms.org***