Change in Chapter Membership

Use for change of member information or for new members.

CHAPTER NAME		
MEMBER NAME	NEW*	or CHANGE*
ADDRESS		
CITY, STATE	ZIP CODE (+4 DIGITS)	
PHONE Home #	and/or Cell Phone #s	
EMAIL ADDRESS(s)		
**GS#	**EXPIRATION DATE	
If NEW - Mail with \$10.00 Dues		
Mail To: Kansas Good Sams	**A11	N 10
1401 Kanch Koad	**All members must have a National Good Sam	

membership number and a current expiration date.

Or email changes for current members to rsterwart853@gmail.com

McPherson, KS 67460