

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

600 Penn Dr.

McPherson, KS 67460-1716

****All members must have a National Good Sam membership number and a current expiration date.**

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