

NOTICE OF CHAPTER CHANGE JANUARY 2017
DO NOT USE ALONG WITH ROSTER UPDATE FORMS

CHAPTER NAME* _____ DISTRICT #* _____

NEW/CHANGE * _____ MEMBER NAME* _____

ADDRESS* _____

CITY, STATE* _____ ZIP CODE (+4 DIGITS)* _____

PHONE # H/C _____ and/or Cell Phone No(s) _____

EMAIL ADDRESS (Desired but not required) _____

**GS# _____ **EXPIRATION DATE _____

(If NEW - Mail with \$10.00 Dues)

*Information in these fields is required

To: Kansas Good Sams

600 Penn Dr.

McPherson, KS 67460

(620) 242-4502 treasurerkgs@gmail.com

**All members must have a Good Sam

membership number and current on their GS dues.

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Two copies per page

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