



NATIONAL SOCIETY SOUTHERN DAMES OF AMERICA, INC.

CHANGE OF MEMBER INFORMATION FORM

(One member per form - Please print)

National Number _____ Name on record _____

Current Information:

State Society _____ Chapter (if applicable) _____

Current Address _____

Phone _____ Email _____

Change Information:

Name changed to: (if applicable) _____

New Address: (if applicable) _____

New Phone _____ New Email _____

DEATH – Date: _____ Place of Death _____

Next of Kin (if available) – Name & Address _____

This Section to be completed by State Treasurer:

Transfer Out – Date _____ From: _____ To: _____

Transfer In – Date _____ To: _____ From: _____

State Dues Paid (if applicable) \$ _____ Date: _____

Resigned in Good Standing – Date _____

Reinstatement – Date _____ Fee Paid, Date: \$ _____

Reinstated to State Society _____ Chapter (if applicable) _____

Dropped for Non-payment of Dues – Date _____ Date last paid dues: _____

Reinstatement from Dropped Status – Date _____ Fee Paid, Date: \$ _____

Reinstated to State Society _____ Chapter (if applicable) _____

Approved by:

State President _____ Date: _____

State Registrar _____ Date: _____

State Treasurer _____ Date: _____

PROVIDE A COPY OF THIS COMPLETED FORM TO:

National President

State President

National Registrar

National & State Chaplains (*only in the case of Death*)

National Treasurer

RETAIN A COPY FOR YOUR FILES.

Reproduce from as needed.