



**NATIONAL SOCIETY SOUTHERN DAMES OF AMERICA**

**CHANGE OF MEMBER INFORMATION FORM**

*(One member per form - Please print)*

National Number \_\_\_\_\_ Name on record \_\_\_\_\_

**CONTACT CHANGES:**

**Current Information:**

State Society \_\_\_\_\_ Chapter (if applicable) \_\_\_\_\_

Current Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**New Information:**

Name changed to: (if applicable) \_\_\_\_\_

New Address: (if applicable) \_\_\_\_\_

New Phone \_\_\_\_\_ New Email \_\_\_\_\_

**DEATH OF MEMBER:**

Date: \_\_\_\_\_ Place of Death \_\_\_\_\_

Next of Kin (if available) – Name & Address \_\_\_\_\_

**TRANSFER OF MEMBERSHIP:**

Transfer Out Date \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Transfer In Date \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

State Dues paid (if applicable) \$ \_\_\_\_\_ Date: \_\_\_\_\_

**RESIGNATION/DROP AND REINSTATEMENT OF MEMBERSHIP:**

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:**

Chapter President \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Registrar \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Treasurer \_\_\_\_\_ Date: \_\_\_\_\_

State President \_\_\_\_\_ Date: \_\_\_\_\_

State Registrar \_\_\_\_\_ Date: \_\_\_\_\_

State Treasurer \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDE A COPY OF THIS COMPLETED FORM TO:** National Treasurer, State President, National Registrar, and National & State Chaplains *(only in the case of Death)* **RETAIN A COPY FOR YOUR FILES.**

*Reproduce form as needed.*