



SAMS OF PUGET SOUND (SOPS) CHAPTER

Washington State Good Sams Club

Date: _____
(month/ day/year)

Membership Application

Name _____ Birthday _____/_____
(day/month)

Cell Phone _____ Email _____

Name _____ Birthday _____/_____
(day/month)

Email Address _____ Email _____

Phone No. Landline _____

Anniversary _____
(day/month/year)

Address _____

City, State, Zip _____

Type and Make of RV _____ Length _____

Self-Contained? Yes ___ No ___

Hobbies, Sports, Special Interests:

Remarks:

STATEMENT BY APPLICANT:

I/we have read and agree to abide by the provisions of the Standard Operating Procedures of SOPS if accepted as members.

I/we agree to serve, after not more than a year of membership, as an officer of the Chapter and to take a turn as Host for the monthly chapter meeting or campout.

Signature _____ Signature _____

APPLICANTS: Submit your completed application to a member of the Chapter Leadership. Visit our website: [Sams of Puget Sound - Home \(weebly.com\)](http://Sams of Puget Sound - Home (weebly.com)); use the horizontal menu to select the Leadership tab.

Date accepted _____ Secretary _____