



SAMS OF PUGET SOUND (SOPS) CHAPTER

Washington State Good Sam Club

Date: _____

Membership Application

Name _____ Birthday _____ / _____
(day/month)

Name _____ Birthday _____ / _____
(day/month)

Anniversary _____
(day/month/year)

Address _____

City, State, Zip _____

Email Address(s) _____

Phone No. Landline _____ Good Sam No. _____

Cell Phone No.(s) _____

Type and Make of RV _____ Length _____

Self-Contained? Yes ___ No ___ CB Radio? Yes ___ No ___ Handle _____

Hobbies, Sports, Special Interests:

Remarks:

STATEMENT BY APPLICANT:

I/we have read and agree to abide by the provisions of the By-Laws 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 at monthly chapter meetings.

Signature _____ Signature _____

Sponsors (2 required) _____

Note to sponsors: Invite applicants to not less than one (1) meeting and one (1) campout, to ensure that they have had an opportunity to read the By-Laws, and then submit a completed application to the Board.

Date accepted _____ Secretary _____