

WASHINGTON STATE GOOD SAM
Membership Form

Chapter Name: _____ or At Large

Renewal New Membership Address Change Resigned Deceased

Name (First and Last): _____

Mailing Address: _____

City and State: _____ ZIP: _____

Phone #: _____

*Good Sam #: _____ *Expiration Date: _____

Email Address: _____

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Mailing Address: _____

City and State: _____ ZIP: _____

Phone #: _____

*Good Sam #: _____ *Expiration Date: _____

Email Address: _____

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Please complete this form and send to WA State GS Secretary: Ron Belden
336 Canyon St
Richland, WA 99352
509-531-5437

Include State dues for new members (\$10 per rig before July 1st and \$5.00 on or after July 1st).

*Good Sam # and Expiration Date required for new members.