



Missouri Good Sam Club Chapter Roster Information



Chapter Name:	Chapter Home Base/City:	Roster Effective Date:
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Date Chapter Chartered/Organized:	Number of Rigs:	Number of Members:	Chapter Website:	Chapter Facebook or Other Social Media:
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Chapter Member Information

Last Name:	First Name:	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Email:	Chapter Office: (If Any)
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Last Name: (Spouse/Partner/Other)	First Name:	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Email:	Chapter Office: (If Any)
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Mailing Address, City, State, and Zip:	Good Sam Number:	Expiration Date:
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Additional Information:

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