

Membership Application to Space Coast Sams Chapter 10

We request that we become members of Space Coast Chapter 10. We affirm that we have completed three camp outs with your Chapter, and agree to abide by the rules and principles of the Good Sam Club, Good Sams of Florida, and Space Coast Sams.

NAME 1 _____

NAME 2 _____

Good Sam Club Membership Number: _____

Address: _____

Email: _____

Name 1 DOB: _____

Name 2 DOB: _____

Wedding Anniversary if applicable: _____

Type of rig: (A, B, C, 5th Wheel, Travel Trailer): _____

Make, model and Licence Plate #: _____

Signed and dated: _____ (Date) _____

_____ (Date) _____

Note: The above information is provided to our Chapter Secretary. Some of this information is shared with the Florida Good Sams where we share dues. ALL information is safeguarded and not publicly disseminated. Birthdate and Anniversary information is utilized at Chapter Meetings where we celebrate members significant events.