



Date: _____ Membership No.: _____

To: SGMP Membership Office
6 Clouser Rd.
Mechanicsburg, PA 17005
(717) 795-7467 – Phone
(717) 795-7552 – Fax

From: _____

- I am a member-at large and wish to be a member of the SGMP
_____ Chapter located in
_____.
- I have an individual membership and wish to move it to another agency/property.
- We have an organizational membership and wish to change the individual's name. The former member's name (or membership number) is _____
- My name, address, or telephone number is in error or has changed as noted below:

Member's Name: _____

Title: _____

Agency/Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

Note: No action is taken unless this form is signed!

cc: _____ Chapter