

NOTICE OF CHANGE OF CONTACT INFORMATION OR MEMBER MOVING TO ANOTHER STATE/PROVINCE

Use this form to report a change of contact information or a move to another City/State/Province:
Mail or Email Information to: (check and fill in all of the blanks that apply)

- _____ Quester Headquarters (always check this box)
- _____ Organizer of State/Provincial, President(s) of chapter(s) in new city/area of SAME State/Province
- _____ Organizer of the State/Province where member is MOVING
- _____ International First Vice President (check this box if moving to another State/Province)

Change of Address and/or Contact Information:

NAME:

_____ (Last) _____ (First)

Member of Chapter _____ Number _____

_____ (Street) _____ (City) _____ (State/Province) _____ (Zip or Postal Code)

Home Phone: _____ Cell Phone: _____

Email: _____

Moving to a new City/State/Province or a new City which requires joining a new Chapter:

NAME: _____ (Last) _____ (First)

is a Member in Good Standing of Chapter _____ Number _____ and is now in your area.

New contact information is:

_____ (Street) _____ (City) _____ (State/Province) _____ (Zip or Postal Code)

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Move: _____

Please check one in each column:

- | | | |
|--|---|---|
| <p><u>Prefers a:</u></p> <ul style="list-style-type: none">▪ Day Chapter _____▪ Night Chapter _____▪ Preference Unknown _____▪ No Preference _____ | <p><u>Moving:</u></p> <ul style="list-style-type: none">▪ To a permanent residence _____▪ Only for the months of: _____ | <p><u>Membership status:</u></p> <ul style="list-style-type: none">▪ Active Member _____▪ Inactive Member _____ |
|--|---|---|