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:

<table>
<thead>
<tr>
<th><strong>Prefers a:</strong></th>
<th><strong>Moving:</strong></th>
<th><strong>Membership status:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Day Chapter</td>
<td>▪ To a permanent residence</td>
<td>▪ Active Member _________</td>
</tr>
<tr>
<td>▪ Night Chapter</td>
<td>▪ Only for the months of:</td>
<td>▪ Inactive Member ________</td>
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<tr>
<td>▪ Preference Unknown</td>
<td></td>
<td></td>
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<tr>
<td>▪ No Preference</td>
<td></td>
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</tbody>
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Reviewed 2018

The Questers, 210 S. Quince St., Philadelphia, PA 19107-5534