

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:

- Prefers a:**
- Day Chapter _____
 - Night Chapter _____
 - Preference Unknown _____
 - No Preference _____

- Moving:**
- To a permanent residence _____
 - Only for the months of: _____

- Membership status:**
- Active Member _____
 - Inactive Member _____