



The Continental Society Daughters of Indian Wars

MEMBERSHIP CHANGE FORM

(This form is read/writeable)

REGISTRAR GENERAL/CHAPLAIN GENERAL

Check all applicable:

- | | | |
|---|---|---|
| <input type="checkbox"/> Address Change | <input type="checkbox"/> Death | <input type="checkbox"/> Resignation Date _____ |
| <input type="checkbox"/> Email/Phone Change | <input type="checkbox"/> Transfer | <input type="checkbox"/> Dropped Date _____ |
| <input type="checkbox"/> Marriage/Name Change | <input type="checkbox"/> Reinstatement (requires fee) | |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Other _____ | |

Member Name: _____ **Continental Number:** _____

State/Province: _____ **Chapter Name:** _____

Address Change:

Old Address:		Old City, State, Zip+4:	
New Address:		New City, State, Zip+4:	

Email / Phone Change/Name Change:

Old Email:		New Email:	
Old Phone #:		New Phone #:	
Former Name:		New Name:	

Marriage/Divorce:

Maiden Name:		Date of Marriage/Divorce:	
Name of Husband:		Name Preference for Mailings	

Death (ALSO send form to the Chaplain General Carla Odom at address below OR complete Chaplain's Next of Kin form):

Next of Kin:		Date of Death:	
Address of Kin:		Kin City, State Zip+4:	
Continental Offices Held by Deceased: _____			

Transfer:

FROM STATE/PROVINCE/CHAPTER: _____ *TO STATE/PROVINCE/CHAPTER:* _____

Current State/Province:		New State/Province:	
Current Chapter:		New Chapter:	
Former Name:		New Name:	

CURRENT State/Provincial Governor Signature _____

RECEIVING State/Provincial Governor Signature _____

DISTRIBUTION: Chapter Governor to State/Provincial Governor to REGISTRAR GENERAL (Chaplain General also if reporting a death) (Registrar General will send to all other applicable Continental Officers and Chairmen)

Email or Mail this form to:

Mary W. Glenn, Registrar General
8641 Plantation Drive, Texas City, TX 77591-2204
Mwg914@aol.com; 409-938-1503

DEATHS ONLY ALSO SEND Email or Mail to:

Betty Samaras
3505 New Statenville Hwy.
Valdosta, GA 31606-1921
(229) 559-4982; jbsamaras@bellsouth.net

NAME OF INDIVIDUAL REPORTING _____ **Date** _____