

MEMBER RENEWAL FORM

(Yearly Dues \$35.00 - July 1 to June 30)

NAME:		R#	POST:	
ADDRESS:		CITY:		
STATE:	ZIP: PHONE:			
EMAIL:				
CHECK #	CHECK AMOUNT:			

Please make checks payable to SAMS National and submit form to:

JASON HUDSON, NATIONAL COMPTROLLER 220 SPRINGLAKES ESTATES DR LYMAN, SC 29365 864-415-0571 / natlcomptroller@s-a-m-s.org