

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

Date Revised: 9/12/2024