TN CHAPTER AFFILIATION CHANGE REQUEST FORM

This form is required to be submitted in order to provide authorization for the TN District MECs to be able to contact National GWRRA to change your chapter affiliation.

This form must be filled out *in its entirety* and submitted *with your signature(s)* to the TN District MECs, Ranny and Jenice Saint, either:

(1) by mailing the form to 186 Country Place Dr. NW, Cleveland, TN 37312

OR

(2) by scanning the form as a PDF file and emailing it to tennsaint@msn.com

This form must be signed by the individual member(s) requesting the change, not by the Chapter Director or Chapter MEC. We cannot accept phone calls or other forms of communication which do not contain this completed form.

Please print or type:

Member name _____

Co-Rider name _____

GWRRA Membership Number:
Rider_____ Co-Rider_____

Mailing Address:
Street _____

City_____ State _____ Zip _____

Telephone Number including area code _____

Email address (if applicable) _____

Current Chapter affiliation per GWRRA _____

Actual/Desired Chapter affiliation (the Chapter you most often participate with, attend monthly gatherings with, etc.) _____

Member signature _____ Date _____

Co-Rider signature _____ Date _____