



**MISGA**  
**Membership Change Form W-5-89**  
 (Revised Oct. 05, 2004)

DATE: \_\_\_\_\_

**NOTE: Send completed form(s) to  
 your Division Associates Chairman**

CLUB NAME: \_\_\_\_\_

CLUB NO: \_\_\_\_\_

REP: \_\_\_\_\_

	Add, Chg Delete, Deceased	ID	CLUB	W	TYPE Code	LAST	FIRST	TITLE	ADDRESS	ADDRESS2	CITY	ST	ZIP	PHONE
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