



Reinstated Member Form

Instructions:

Chapter Treasurer: Please send this form to your state treasurer immediately.

Members reinstated on or after July 1 and before April 1 will pay dues and scholarship fee at the time of reinstatement. Members reinstated on or after April 1 and before July 1 shall pay dues and scholarship fee for the ensuing year no later than October 31.

☐ Dr. Member ID# _____

First Name	Middle	Last
Mailing Address		
City	State/Province/Country	Zip/Postal Code
Phone Number	E-mail Address	
Date of birth	Approximate year entered teaching	
Present Chapter (Greek name)	State (geographic name)	
Former Chapter (Greek name)	State (geographic name)	

Degrees held: ☐ Bachelor ☐ Master ☐ Doctor ☐ Other: _____
 Date of Initiation: _____ Date of Reinstatement: _____
 Membership Status: ☐ Active ☐ Reserve

Chapter Treasurer _____