



Report of Members Dropped

CHAPTER: _____ STATE (Geographical): _____ DATE OF REPORT: _____

Instructions:

- Use this form immediately to report any member who should be dropped from membership in your chapter.
- Provide the membership identification number.
- Indicate the reason for membership termination in the “reason” column; use the following NUMBERS in the column:
 1. Meeting times/places incompatible with schedule
 2. Other responsibilities (family, work)
 3. Chapter not meeting needs of member
 4. Health
 5. Economic
 6. Transportation
- Send the first and second copies to your state organization treasurer and retain the third copy for your records.

PLEASE PRINT OR TYPE

	I.D. Number	Last Name	First Name	Initial	Reason	Deceased (Include Date of Death)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Chapter Treasurer _____
 Street, Rt. or PO Box _____
 City, State, Zip _____
 Country _____
 Chapter Name _____ State _____

State Organization
 Treasurer _____
 Street, Rt. or PO Box _____
 City, State, Zip _____
 Country _____
 State Organization _____