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

Revised 4/12/2010 I/W dld