

CHANGE IN MEMBERSHIP STATUS

CORRESPONDING SECRETARY NATIONAL/CHAPLAIN NATIONAL

Photocopy as needed. Please check () proper category:

<input type="checkbox"/> Address Change	<input type="checkbox"/> Marriage/Name Change	<input type="checkbox"/> Reinstatement* <i>(See Note below)</i>
<input type="checkbox"/> Phone/Email Change	<input type="checkbox"/> Death	<input type="checkbox"/> Resignation-Date _____
<input type="checkbox"/> Transfer	<input type="checkbox"/> Divorce	<input type="checkbox"/> 95 +
	<input type="checkbox"/> Aged Out	

* **Reinstatement:** include check for reinstatement fee and current year dues, payable to Treasurer National USD1812.

Name of Member _____

National Number _____ State of Membership _____

Member State # _____ Chapter _____ Chapter # _____

Old Address _____

New Address _____

Old Email:		New Email:	
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Former Name:		New Name:	
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MARRIAGE - please complete the following:

Maiden Name: _____

Name of Husband: _____ Date of Marriage _____

DEATH - please complete the following (DO NOT SEND INFORMATION TO CHAPLAIN NATIONAL DIRECTLY):

Next of Kin: _____ Date of Death _____

Address of Next of Kin _____

National offices held by deceased member _____

TRANSFER- please complete the following:

Give STATE and CHAPTER that member is transferring **from**: _____

Give STATE and CHAPTER that member is transferring **to**: _____

Signature of State President of state that member is transferring **from**: _____

Signature of State President of state that member is transferring **to**: _____

TRANSFER (IN STATE ONLY)- please complete the following:

From Chapter:	Receiving Chapter:
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DISTRIBUTION: (1) Chapter President, send to State President and to State Registrar
 (2) State President, sign, date and send to:

CORRESPONDING SECRETARY NATIONAL
Dianne Brown Cannestra
 8235 Landing South, Atlanta, GA 30350-2619
 EMAIL: diannebc@bellsouth.net

Signature of State President: _____ Date Signed: _____