Complete in Triplicate

MEMBERSHIP STATUS FORM

Name: _____ Chapter: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

REASONS FOR NOT ATTENDING

1ST YEAR: _____

2ND YEAR: _____

3RD YEAR: _____

LOCAL CHAPTER STATUS:

1. ACTIVE YES ☐ _____ NO ☐ _____

2. FINANCIAL YES ☐ _____ NO ☐ _____

3. ATTENDED MEETINGS YES ☐ _____ NO ☐ _____

4. EVALUATION BY LOCAL CHAPTER

_____

_____

_____

SUBMITTED BY: _____ DATE: _____