Chapter Name _____ *Date* _____

Membership Deletion Form

Please enter the name of the person to be removed from your current roster and the reason for the deletion.

Reason Codes:

DP	Depledged	GR	Graduated
DS	Deactivated/Disassociated	NR	Not returning
CO	Co-op	SU	Suspended
SA	Semester Abroad	OT	Other (explain)

Name		E-mail	Reason
Last	First		

5/10/05