

Copy as needed

DEMIT

NAME.....

ADDRESS.....TELEPHONE NUMBER.....

CITY.....POSTAL CODE.....

NAME OF CHAPTER.....NO.....

DATE OF INITIATION.....

WHERE INITIATED.....

PAST MATRON .....

PAST PATRON.....

DATE DEMIT ISSUED.....

REASON GIVEN FOR REQUEST OF DEMIT

.....

WAS THE MEMBER VISITED IN PERSON OR BY PHONE BEFORE ISSUING DEMIT?

.....

DUAL/ PLURAL MEMBERSHIP YES..... NO.....

IF YES, PLEASE PROVIDE NAME(S) AND NUMBER(S) OF CHAPTER(S)

.....

.....SECRETARY

.....CHAPTER NO. ....

CHAPTER SEAL

This completed form is to be forwarded to the Grand Secretary after the meeting at which the Demit is granted.