**Copy as needed**

 **AFFILIATION** on a **DEMIT**

NAME………………………………………………….. PM or PP

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

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

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

DATE OF AFFILIATION…………………………………..

PREVIOUS CHAPTER…………………………………….. NO………

DATE of DEMIT ………………………………………………..

DATE OF INITIATION………………………… in …………………………………….CHAPTER NO. …..

LAST CHAPTER: ………………………………………………CHAPTER NO. …….

SIGNED:

………………………………………………… SECRETARY

…………………………………………………………………… CHAPTER NO. ……….

CHAPTER SEAL

This completed form is to be forwarded to the Grand Secretary after the ballot for Affiliation is held.