

CHANGE OF NAME, ADDRESS, STATUS AND OFFICER CHANGES

(DO NOT USE FOR MEMBERS PROGRESSING TO HIGHER DEGREE)

PLEASE TYPE OR PRINT

MEMBER NO. _____ CHAPTER NO. _____ CHAPTER NAME _____

PRESENT NAME _____ FORMER NAME _____
FIRST LAST (IF REPORTING CHANGE)

PREVIOUS CHAPTER NAME & NUMBER _____

NEW ADDRESS _____
STREET

CITY STATE OR PROVINCE ZIP

NEW PHONE() _____ - _____

OLD ADDRESS _____
STREET

CITY STATE OR PROVINCE ZIP

EMAIL _____

PUT "X" MARKS IN BOXES TO SHOW CHANGES

TRANSFERRING INTO CHAPTER NO. _____

BECOMING MEMBER-AT-LARGE

LEAVE OF ABSENCE

EFFECTIVE DATE _____

(LOA CANNOT BE TAKEN WITHOUT CHAPTER APPROVAL)

RESIGNED

MEMBER DECEASED, DATE _____

CHANGE OF OFFICERS

(CHANGES ONLY - NOT FOR LISTING ALL CHAPTER OFFICERS)

PRESIDENT CORR. SECRETARY
 VICE-PRESIDENT EXT. OFFICER
 REC. SECRETARY TREASURER

SEND IMMEDIATELY TO:
BETA SIGMA PHI INTERNATIONAL
P.O. BOX 8500
KANSAS CITY, MO 64114-0500

C030