

**CHANGE OF NAME, ADDRESS, STATUS, AND OFFICE**  
 (DO NOT USE FOR MEMBERS PROGRESSING TO HIGHER DEGREE)  
 PLEASE TYPE OR PRINT NEATLY

MEMBER # _____ CHAPTER # _____ CHAPTER NAME _____	
PRESENT NAME _____ FIRST LAST	FORMER NAME _____ (IF REPORTING CHANGE)
HUSBAND'S FIRST NAME _____ PREVIOUS CHAP NAME/# _____	
NEW ADDRESS _____ STREET	OLD ADDRESS _____ STREET
CITY STATE/PROVINCE ZIP/POSTAL	CITY STATE/PROVINCE ZIP/POSTAL
NEW PHONE( ) _____	<input type="checkbox"/> NOT RECEIVING TORCH (COMPLETE NEW ADDRESS INFO)

<p align="center"><b><u>MARK BOX WHERE CHANGE IS BEING REPORTED</u></b></p> <p><input type="checkbox"/> TRANSFERRING INTO CHAPTER # _____</p> <p><input type="checkbox"/> BECOMING MEMBER-AT-LARGE</p> <p><input type="checkbox"/> LEAVE OF ABSENCE _____ DATE EFFECTIVE _____ (CANNOT BE TAKEN W/O CHAPTER APPROVAL)</p> <p><input type="checkbox"/> MEMBER DECEASED, DATE _____</p>	<p><b>TAKING OFFICE NOW AS:</b></p> <p>____ PRESIDENT        ____ VICE PRESIDENT        ____ RECORDING SEC'Y        ____ CORRESPONDING SEC'Y        ____ TREASURER        ____ EXTENSION OFFICER</p> <p><b>GIVING UP OFFICE NOW AS:</b></p> <p>____ PRESIDENT        ____ VICE PRESIDENT        ____ RECORDING SEC'Y        ____ CORRESPONDING SEC'Y        ____ TREASURER        ____ EXTENSION OFFICER</p> <p align="center"><b>SEND IMMEDIATELY TO:</b>  <b>BETA SIGMA PHI INTERNATIONAL</b>  <b>P.O. BOX 8500 KANSAS CITY, MO 64114-0500</b></p>
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