



Reinstated Member Form

Instructions:

Chapter Treasurer: Please send this form to your state treasurer immediately.

Members reinstated on or after July 1 and before April 1 will pay dues and scholarship fee at the time of reinstatement. Members reinstated on or after April 1 and before July 1 shall pay dues and scholarship fee for the ensuing year no later than October 31.

Dr.

Member ID#

First Name

Middle

Last

Mailing Address

City

State/Province/Country

Zip/Postal Code

Phone Number

E-mail Address

Date of birth

Approximate year entered teaching

Present Chapter (Greek name)

State (geographic name)

Former Chapter (Greek name)

State (geographic name)

Degrees held: Bachelor Master Doctor Other: _____

Date of Initiation: _____

Date of Reinstatement: _____

Membership Status: Active Reserve

Chapter Treasurer