

## Report of Members Dropped

DATE OF REPORT:		
CHAPTER:	STATE ORGANIZATION (Geographical):	

## Instructions:

- Please contact members who have not paid dues before dropping them.
- Use this form to report any member who should be dropped from membership in your chapter after the member has requested a termination of membership and numerous contact efforts have been unsuccessful. Please provide the membership ID number of each member.
- Please do not list any members for whom you have received a notice of transfer.
- Indicate the reason for membership termination in the "Reason" column:
  - 1. Meeting times/places incompatible with schedule
  - 2. Other responsibilities (family, work)
  - 3. Chapter not meeting needs of member
  - 4. Health
  - 5. Economic
  - 6. Transportation
  - 7. Moved out of area
  - 8. Death
- Send a copy to HQ at <a href="mem@dkg.org">mem@dkg.org</a>, a copy to your state organization treasurer, and retain a copy for your records.

## PLEASE PRINT OR TYPE

I.D. Number	Last Name	First Name	Middle Initial	Reason	Deceased (Include Date of Death)

9. 10.	
Chapter Treasurer Name _ Email Address	Member ID

1. 2. 3. 4. 5. 6. 7. 8.