

Grand Chapter of Virginia, OES

CHANGES TO MEMBERSHIP: Death, Demit, Suspension, or Expulsion (Please insert the date in the appropriate block on the right.)

Date: _____

Chapter Name & No.: _____

NAME:	Date of Initiation:
ADDRESS	Date of Death:
STREET	Date of Demit:
CITY,STATE,ZIP	Date of Suspension:
	Date of Expulsion:

NAME:	Date of Initiation:
ADDRESS	Date of Death:
STREET	Date of Demit:
CITY,STATE,ZIP	Date of Suspension:
	Date of Expulsion:

NAME:	Date of Initiation:
ADDRESS	Date of Death:
STREET	Date of Demit:
CITY,STATE,ZIP	Date of Suspension:
	Date of Expulsion:

NAME:	Date of Initiation:
ADDRESS	Date of Death:
STREET	Date of Demit:
CITY,STATE,ZIP	Date of Suspension:
	Date of Expulsion:

For Office Use:	
Computer:	Received in Office:
Card File:	Initial: