

Date _____ Chapter Chapter no.

Form completed by _____ Daytime phone _____

Deletion(s) to be effective 1st quarter (June thru Aug) 2nd (Sept thru Nov) 3rd (Dec thru Feb) 4th (Mar thru May)

Note: To be effective, deletions must be reported to the AMBUCS™ Resource Center before the closing date of the specified quarter (10th of the following month). Deletion reports received after a quarter's closing date will become effective in the next quarter. Closing dates: 1st quarter (Sept 10) • 2nd quarter (Dec 10) • 3rd quarter (Mar 10) • 4th quarter (June 10).

Member ID no. <input type="text"/>	Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Suffix (Jr., III) <input type="text"/> <input type="text"/> <input type="text"/>
First name <input type="text"/>	MI <input type="text"/>	Last name <input type="text"/>
Reason for deletion <input type="checkbox"/> resigned <input type="checkbox"/> deceased <input type="checkbox"/> suspended <input type="checkbox"/> transferred to chapter no. <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="checkbox"/> moved to (new address) <input type="text"/>		
City <input type="text"/>	State <input type="text"/> <input type="text"/>	Zip <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chapter offices currently held _____		

Member ID no. <input type="text"/>	Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Suffix (Jr., III) <input type="text"/> <input type="text"/> <input type="text"/>
First name <input type="text"/>	MI <input type="text"/>	Last name <input type="text"/>
Reason for deletion <input type="checkbox"/> resigned <input type="checkbox"/> deceased <input type="checkbox"/> suspended <input type="checkbox"/> transferred to chapter no. <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="checkbox"/> moved to (new address) <input type="text"/>		
City <input type="text"/>	State <input type="text"/> <input type="text"/>	Zip <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<input type="checkbox"/> moved to (new address) <input type="text"/>		
City <input type="text"/>	State <input type="text"/> <input type="text"/>	Zip <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chapter offices currently held _____		

Distribution: Copies to—AMBUCS Resource Center —Secretary, Newsletter Editor & Chapter President

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 or write PO Box 5127 High Point, NC 27262

