

# REQUEST FOR CERTIFICATE OF REINSTATEMENT

(Use only for members suspended from a consolidated chapter)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

CHAPTER PETITIONING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

**CHAPTER HISTORY** (List all chapters you have been a member – starting with consolidated chapter. Also include any name changes.)

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Other information: \_\_\_\_\_

(If more space is needed turn to the back of the application)

**FEE (Must be attached) \$24.00**

Signature of Petitioner \_\_\_\_\_ Date \_\_\_\_\_

Signature Secretary of Chapter \_\_\_\_\_ Date \_\_\_\_\_

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## CERTIFICATE OF REINSTATEMENT

GRANTED \_\_\_\_\_ Date \_\_\_\_\_  
REFUSED \_\_\_\_\_

Initiated \_\_\_\_\_

Suspended \_\_\_\_\_

Other information \_\_\_\_\_

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Seal

\_\_\_\_\_  
Ellen Pickrell, Grand Secretary