

Notification of Change in Fraternity/Sorority Membership Status

Fraternity/Sorority Name: _____ Date: _____

Full Name of member changing status:

(Last) (First) (Middle)

Birth date: _____/_____/_____

This member is (check one):

- _____ de-pledging (not initiated)
- _____ resigning (has been initiated)
- _____ going inactive (still a UGA student, not paying dues, not attending functions, but not alumni status)
- _____ alumni status (still a UGA student, not paying dues, not attending functions, recognized as an alumni)
- _____ being removed by chapter action

Reason(s) why: _____ Financial _____ Not what I expected _____ Personal reasons

_____ Too much time, conflicts with work/other activities

_____ Other: Please explain _____

Signature of member: _____

Chapter signature to confirm change: _____

Chapter signature to confirm change: _____