CHAPTER PETITION FOR PLURAL MEMBERSHIP

TO: Chapter Name:		Chapter No.		City			State
Last Name (Please Print))		Middle Name		First Name			Date of Request
				Thistivanie			Date of Request
Street Address		City		State			Zip Code
Home Telephone Mobile Ph		hone Occi		oation	Email ad		lress
Orders Received In (Chapter Name)		Chapter No.		City		State	
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Do you realize that if you Demit from your Mother Chapter that you must file said Demit with the							
Secretary of this Chapter?							
Posponso							
Response:							
And, that by so doing you automatically become a regular member of this Chapter?							
Response:							
Do you know that if you	l are suspe	nded from	Memb	ership in y	our Mothe	r Chapter	that you are
automatically suspende						•	•
		Respo	onse:				
I hereby certify on my l	onor that a	ull of these	answe	rs are true	and corre	rt to the h	est of my
I hereby certify on my honor that all of these answers are true and correct to the best of my knowledge, and that I have read, understand and agree with all statements made on this form.							
knowledge, and that it	lave leau, (and a		in stateme	nto made	
Sign Name in Full (above)				Date			
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Name Requires signatures of for the character of the	two (2) me Petitioner.	RI Street Add	iress MMEN	IDATIONS	petition is c	y lirected w	ho thereby vouch
Name Requires signatures of for the character of the Memb	two (2) me Petitioner. Per Signature	RI Street Add RECO mbers of (MMEN Chapter	IDATIONS	Detition is o	y lirected w nber Signat	ho thereby vouch
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