



Report of Members Dropped

DATE OF REPORT: _____

CHAPTER: _____ STATE ORGANIZATION (Geographical): _____

Instructions:

- **Please contact members who have not paid dues before dropping them.**
- Use this form to report any member who should be dropped from membership in your chapter after the member has requested a termination of membership and numerous contact efforts have been unsuccessful. Please provide the membership ID number of each member.
- **Please do not list any members for whom you have received a notice of transfer.**
- Indicate the reason for membership termination in the “Reason” column:
 1. Meeting times/places incompatible with schedule
 2. Other responsibilities (family, work)
 3. Chapter not meeting needs of member
 4. Health
 5. Economic
 6. Transportation
 7. Moved out of area
 8. Death
- Send a copy to HQ at mem@dkg.org, a copy to your state organization treasurer, and retain a copy for your records.

PLEASE PRINT OR TYPE

	I.D. Number	Last Name	First Name	Middle Initial	Reason	Deceased (Include Date of Death)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Chapter Treasurer Name _____ Member ID _____

Email Address _____