

Delta Sigma Delta

Date Received in Supreme Scribe's Office

Membership Dismissal

Due November 1 of each calendar year. Please type or print clearly.

This form or an exact copy must be submitted to the Supreme Scribe for each individual whose name should no longer appear on the Fraternity roll.

Date: _____

To the Supreme Scribe,

This is to officially inform you that on _____, the following individual,

_____ ,

First

Middle

Last

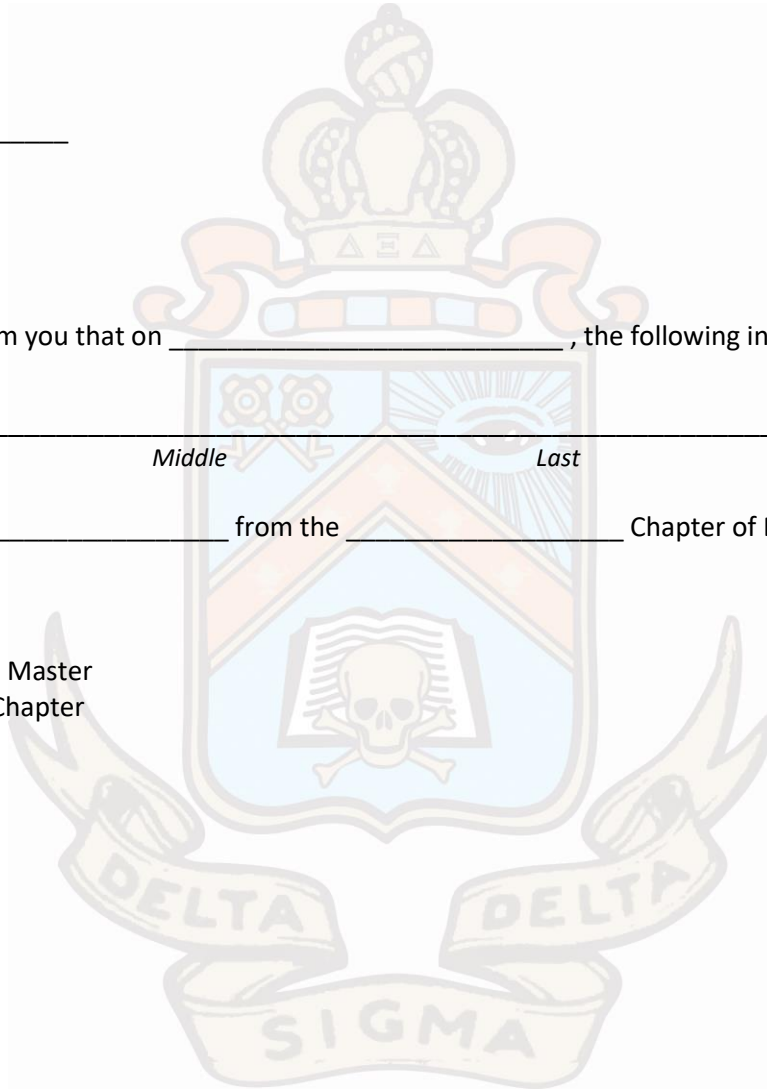
has been _____ from the _____ Chapter of Delta Sigma Delta.

Sincerely,

Deputy Supreme Grand Master

_____ Chapter

Delta Sigma Delta



Return this report to chapter officer or deputy, to be sent to:

Please retain a copy for your records

**Dr. John H. Prey
DELTA SIGMA DELTA FRATERNITY
296 15th Avenue
Nekoosa, WI 54457
United States of America**