

ASSOCIATE MEMBER DISAFFILIATION FORM

_____ Chapter/Colony

Instructions:

- A) Type or print the full name and disaffiliation date for up to ten (10) disaffiliated associate members in the spaces below.
- B) Mail the **completed** form as soon as an associate member is disaffiliated.
- C) Upon receipt at Fraternity Headquarters, the Chapter/Colony will be credited for any paid/unpaid membership fees no longer due.

<u>Full Name (Type/Print clearly)</u>	<u>Date Disaffiliated (mm/dd/yy)</u>	<u>Reason Disaffiliated</u>
1) _____	___/___/___	_____
2) _____	___/___/___	_____
3) _____	___/___/___	_____
4) _____	___/___/___	_____
5) _____	___/___/___	_____
6) _____	___/___/___	_____
7) _____	___/___/___	_____
8) _____	___/___/___	_____
9) _____	___/___/___	_____
10) _____	___/___/___	_____

Return to: Theta Xi Fraternity, P O Box 411134, St. Louis, MO 63141
Or complete online at www.thetaxi.org - Chapters – HQ Forms