

Grand Chapter of Virginia, OES

CHANGES TO MEMBERSHIP: Death, Demit, Suspension, or Expulsion
(Please insert the date in the appropriate block on the left.)

Date: _____

Chapter Name & No.: _____

NAME:	Date of Initiation:
ADDRESS	Date of Death:
STREET	Date of Demit:
CITY,STATE,ZIP	Date of Suspension:
PHONE NUMBER	Date of Expulsion:

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For Office Use: Computer:	
Card File:	Initial: