

MEMBER DELETION REPORT

STATE	COURT NUMBER
0 0	

COURT NAME

DATE _____

COMPLETE THIS REPORT WHEN YOU WISH TO DELETE MEMBERS FROM YOUR COURT, WHETHER FOR DEATH, FORFEITURE, RESIGNATION OR TRANSFER. BE SURE TO INCLUDE THE EXACT DATE (MONTH, DAY, YEAR) THE DELETION TOOK EFFECT. THE FOLLOWING CODE LETTERS MUST BE USED TO REMOVE MEMBERS FROM YOUR COURT'S RECORDS.

D-DECEASED F-FORFEITURE R-RESIGNATION TO-TRANSFER OUT DL-DUPLICATE LISTING

USE SPACES BELOW FOR DEATHS, FORFEITURES AND RESIGNATIONS ONLY

MEMBER NUMBER	FIRST NAME	LAST NAME	CODE	MONTH	DATE	YEAR

USE SPACES BELOW FOR TRANSFERS ONLY

MEMBER NUMBER	FIRST NAME	LAST NAME	TO	MONTH	DATE	YEAR

TRANSFER TO

STATE	COURT NUMBER
0 0	

MEMBER NUMBER	FIRST NAME	LAST NAME	TO	MONTH	DATE	YEAR

TRANSFER TO

STATE	COURT NUMBER
0 0	

Send **PINK** copy to
CATHOLIC DAUGHTERS OF THE AMERICAS
 10 West 71st Street, New York, NY 10023
 Send **BLUE** copy to your STATE SECRETARY
 Retain **WHITE** copy for Court Files