

[Your First and Last Name]

[Full Mailing Address]

[Your Email address]

[Date]

[Name of Organization]

[Attn: Member Services or contact person]

[Street Address]

[City, State and Zip Code]

**RE: Withdrawal of Membership**

- Name at time of initiation: [insert name when joined if changed]
- Membership ID: [insert your membership ID]
- Chapter Initiated: [insert chapter name where initiated]
- School Initiated: [insert name of college or university]
- Date Initiated: [insert date]

This letter is to advise I am requesting that my membership in \_\_\_\_\_ [insert name of organization] be fully withdrawn and my name be removed from all records as of this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (Year).

[Insert explanation of why you're withdrawing if you choose to]

I do not have in my possession any rituals, pins, or paraphernalia to return. OR Enclosed you will find all items I had in my possession related to this organization. [use whichever applies]

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**NOTARY** [insert only if needed]

State of \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

I, \_\_\_\_\_, a Notary Public of the above-referenced jurisdiction do hereby certify that \_\_\_\_\_, hereby appeared before me and signed this affidavit on the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (Year). I examined the following type of identification:

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires:

\_\_\_\_\_  
\*\*INSERT SEAL/STAMP\*\*