

(Your First and Last Name)

(Street Address)

(City, State Zip)

(Date)

(Name of Organization)

(Attn: Member Services or contact person)

(Street Address)

(City, State and Zip Code)

Re: Membership ID: (insert your membership ID)

Date Initiated: (insert date initiated)

Chapter Initiated: (insert chapter initiated into)

School Initiated: (insert school initiated, if applicable)

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advise I, _____ (insert your name), am requesting that my membership in _____ (insert name of organization), be fully withdrawn and my name be removed from all records as of this _____ day of _____ (month), _____ (Year).

*** You can insert your own explanation of why you're withdrawing if you choose to. ***

I do not have in my possession any rituals, pins, or paraphernalia to return, as I have discarded them. OR Enclosed you will find all items I had in my possession related to this organization. (use what sentence applies to you)

Signature

Date

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****