

# ALUMNAE MEMBERS REPORT OF DELINQUENCY AS OF JUNE 1, \_\_\_\_\_

Date: \_\_\_\_\_

Chapter: \_\_\_\_\_ Province: \_\_\_\_\_

*For each delinquent member, give name and address effective after June 1st. State the amount owed in fees, dues and assessments and explain the conditions of each individual case so that the officers receiving the list will understand not only the amount owed but how long the member has been delinquent, what arrangements she has made for payment, etc. Use the reverse side of this form if needed.*

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

5. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

*Send **two (2) copies** of this report to National Headquarters by **June 1st**. If there are no delinquents, write that on the form and send it in. All members of your chapter for this year whose names are not included above will be considered in "good standing", and are eligible for transfer to any other chapters without checking with you before granting affiliation.*

**Be sure to notify National Headquarters and your Province Officer immediately when anyone listed on this form clears their obligation to the chapter and is reinstated to "good standing" status.**

**TREASURER:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_