

# NOTIFICATION OF TERMINATION OF MEMBERSHIP

Please use this form to notify the Chapter that you would like your membership terminated for any reason OTHER than graduation or transfer from Louisiana Tech.

Your Full Name: \_\_\_\_\_

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

Local Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Local Phone Number:   (      )      -      

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Home Phone Number:   (      )      -      

I am leaving after completion of the (circle one) quarter: FALL WINTER SPRING SUMMER

Mail to: The Gamma Beta Phi Society  
P.O. Box 3109  
Ruston, LA 71272

**OR**

Give to Chapter Secretary

## **For Executive Use Only**

Please notify the Point System Secretary and the person in charge of email (to remove from list) and give to the Recording Secretary to file when through.